

Questions to be answered at Pre-Bid Meeting

66. B. Question

How many sex offenders are currently incarcerated in Delaware?

Answer

Per DACS, registered sex offenders incarcerated in DE as of 1/7/2010, there are a total of 351 at Level 5 facilities and a total of 100 at Level 4 facilities.

107. Question

RFP Section II Scope of Work, C. Detailed Requirements, IV. Mental Health Services, Paragraph m, Pg. 42. The Vendor shall propose a comprehensive sex offender Treatment program at all facilities to include at a minimum, assessment, treatment, and discharge planning as required by the DDOC. What is the required content of sexual offender treatment? Must all treatment be provided by clinicians certified in sexual offense specific treatment or can certain clinicians be certified and supervise others?

Answer

Treatment can be provided under a supervisor, but the treatment must – at a minimum – include what is in Attachment C.

76. Question

RFP Section Number: Section XI, C, 1, Program Phases, Paragraph Number: 2, Page Number: 82. What are the program expectations for the 6 for 1, Young Criminal Offender Program, and Boot Camp Program?

Answer

6 for 1 Correctional Recovery Program

The 6 for 1 Program functions as a modified therapeutic community implemented on October 1, 2003 and has a capacity of 80 males. It is a voluntary program, for unsentenced offenders in the Howard R. Young Correctional Institution who are referred through the Delaware Department of Correction.

The primary goal is for program participants to learn real-life ways to help them remain out of prison and live a life free of crime and drugs. By participating in the program, the Detentioner population will:

- Learn about the negative effects of alcohol and other drugs;
- Learn about the negative effects of antisocial thinking and criminal behavior patterns;
- Learn relapse prevention and social re integration skills;
- Learn effective interpersonal, anger management, and problem solving skills;
- Participate in Twelve Step Fellowship;
- Develop an intensive continuing recovery care plan to be facilitated by the referral to a community-based and/or residential substance abuse treatment program.

The program is divided into 3 phases: Orientation, Phase II and Phase III.

- Orientation: The purpose of Orientation is to familiarize clients to the concept of a modified therapeutic community.
- Phase II: The purpose of Phase II is to introduce clients to treatment concept lectures, group discussions and to apply newly learned skills required for successful re-entry.
- Phase III: The purpose of Phase III is to aide the client in making the transition back to the broader community.

Boot Camp Overview

Community Education Centers provides correctional recovery programming for habitual criminal offenders (male and female) who also possibly have drug abuse or drug related issues as well. On a monthly basis there are approximately 100 inmate cadets being provided substance abuse, addiction and recovery education.

The Boot Camp itself is a six-month program divided into three phases. The first focuses on military-style discipline and life skills. The second phase focuses on drug treatment and community service projects. The third phase centers on job-seeking and acquiring the personal skills that will make for a successful re-entry into their home community.

Eligibility for Boot Camp

Consistent with the provisions of Title 11, Part IV, Chapter 67: Boot Camp Intensive Incarceration, § 6705. *Sentencing; boot camp designation, and § 6706. Criteria for selection and classification by the Bureau, eligibility criteria are as follows:*

- Must be 18 years of age
- Have been sentenced to a period of incarceration of 5 years or less
- In accordance with the Bureau of Prison's assessment and determination, be physically and mentally capable of successfully completing the rigorous boot camp program
- Have a term of not less than 9 months, nor have more than 18 months remaining in Level V incarceration

In addition, § 6707: *Contract; admission into the program* states that, "No offender may participate in the boot camp program unless such individual voluntarily enrolls by agreeing to be bound by a written contract with the Bureau, which contract shall clearly set forth the obligations, duties, responsibilities and expectations with which such offender must comply".

Boot Camp Aftercare

Sussex Boot Camp graduates must participate in Aftercare Treatment programs once they have completed the Boot Camp. They are placed on probation for 2½ years, and are required to meet with their probation officers twice a week. Boot Camp cadets will transition to the final stage of the CEC treatment continuum where community-based substance abuse and recovery treatment services are provided. These services include but are not limited to:

- Individual and Group Counseling
- Relapse Prevention Skills
- Release Preparation Activities
- Self-Help Groups
- Family Counseling
- Collateral Services

YCOP Overview

The Young Criminal Offenders Program is a long-term modified therapeutic community for adolescent males being prosecuted through Superior Court as adults. The program holds a maximum of 40 clients. To be admitted to YCOP, a client must be at least 16 years old but not yet 18. He must be ordered to YCOP by a judge. Clients are eligible regardless of the nature of their charges or the length of their sentences. Both detainees and convicted juveniles are admitted. It takes at least one year to successfully complete the program, but clients may stay in the program for two years depending on their age at admission. A system of progressive discipline is employed to correct negative behavior, including 30 day restrictions known as “phases” for clients who break cardinal rules. Clients who are not 18 years old can very rarely be unsuccessfully discharged from YCOP, since they cannot be housed with the adult population.

The program is designed to treat criminal thinking and behavior, substance abuse, educational needs, anger management, social skills development, family conflicts much as the adult programs do, however YCOP was created by the state legislature to accommodate juveniles who are not considered appropriate for juvenile detention facilities. All YCOP clients are housed together and do not have contact with adult inmates. They are required to attend educational classes in addition to participating in program functions.

84. Question

RFP Section Number: Appendix H, Minimum Staffing Requirements. The DDOC provides a total minimum staffing requirement in Appendix H. Could the State provide a further breakdown of minimum staffing requirements by service (medical, mental health, etc.) by facility and/or current staffing by service by facility?

Answer

Yes. Please see Attachment B.

93. Question

Appendix G. Numerous references throughout the RFP refer to individual medications requiring pricing. On page 64 ix states that Actual Acquisition Cost Pricing must be provided for drugs listed in Appendix G, Pricing. No medication lists were found in Appendix G. Please clarify.

Answer

Please refer to the Delaware Formulary medication list. Please see Attachment C.

95. Question

RFP Section I. Summary, Paragraph 1, Pg. 1. Deadline for RFP Questions is February 12, 2010.” To allow vendors enough time to properly adjust their proposals based upon answers to the final submission of questions, would the DDOC consider moving up the deadline for submitting final questions to the first week of February?

Answer

Yes, we will move the deadline to close of business (COB) Monday, February 1, 2010 for final submission of questions. The answers will be provided by COB Friday, February 12, 2010.

101. Question

RFP Section II. Scope of Work, B. General Requirements, 4. Provisions of a Constitutional System for Offender Health Care, vi. Facilities and Resources, Paragraph 1, Pg. 8. Vendor(s) are responsible for equipment under \$500.”

Question: Is the DDOC financially responsible for all needed equipment costing greater than \$500 including capital expenditure purchases. Please provide a list, by facility, of all current medical equipment. What is the current condition of such equipment? Will any of this equipment be removed by the current vendor if a new vendor is selected?

Answer

Yes, DDOC is responsible for equipment costing over \$500.00. All equipment is in good working condition and is replaced as needed. The equipment belongs to DDOC and will remain in place under the new contract. The equipment list is currently being inventoried at all sites. Once the inventory list is completed a list will be provided to bidders.

103. Question

RFP Section II. Scope of Services, B. General Requirements, 12. Drug Free Workplace, Paragraph 1, Pg. 15. The vendor will be required to maintain and develop a urine analysis program for all employees, comparable to the DDOC’s random urine analysis program.: Please provide details regarding the DDOC’s program. Will the DDOC require testing of all employees or just newly hired employees? How many drug tests per year does the DDOC anticipate the vendor having to provide? How many were provided over the prior 12 month period?

Answer

This is answered by the policy for the Department of Correction and The Delaware Code. Please see Attachment D.

105. Question

RFP Section II Scope of Work, C. Detailed Requirements, I. Medical Services, Paragraph 1, Pg. 25. Any assessed liquidated damages will bear the appropriate legal relationship to the actual harm caused DDOC: Please specify the amount of liquidated damages that will be included in the final service contract relevant to the vendor's failure to attain and/or maintain NCCHC accreditation.

Answer

The amount and type of liquidated damages- if any- will be negotiated with the winning bidder. The information is included so as to place the prospective bidder on notice of the possibility that such a mechanism may be employed.

120. Question

RFP Section II Scope of Work, C. Detailed Requirements, IV. Professional Services RFP Administrative Information, E. Contract Terms and Conditions, 1. General Information, Paragraph b, Pg. 106. The DDOC reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP.: Please provide the "Standard State Contractual Provisions" which may be included in the final service contract with the chosen vendor.

Answer

DDOC will negotiate the terms of the agreement with the winner bidder. Such terms will be limited to commercially reasonable and common contract mechanisms. Similar state contractual provisions can be found online at the Office of Management and Budget's website. <http://omb.delaware.gov/>

126. Question

RFP Section II Scope of Work, C. Detailed Requirements, IV. Professional Services RFP Administrative Information, E. Contract Terms and Conditions, 5. General Contract Terms, Paragraph n, Pg. 114. The DDOC may include in the final contract penalty provisions for non-performance, such as liquidated damages: Please provide an itemized list of potential penalties (including specific amounts) that will be included in the final service contract for non-performance (liquidated damages) on the part of the chosen vendor.

Answer

The amount and type of liquidated damages- if any- will be negotiated with the winning bidder. The information is included so as to place the prospective bidder on notice of the possibility that such a mechanism may be employed.

129. Question

RFP Appendix A, Paragraph 1, Pg. 1. The Delaware Department of Corrections (DDOC) supervises about 7,000 offenders in its prisons. Please provide a breakout of the current ADP by how many inmates are at each facility, and of those inmates, how many are jail versus prison offenders.

Answer

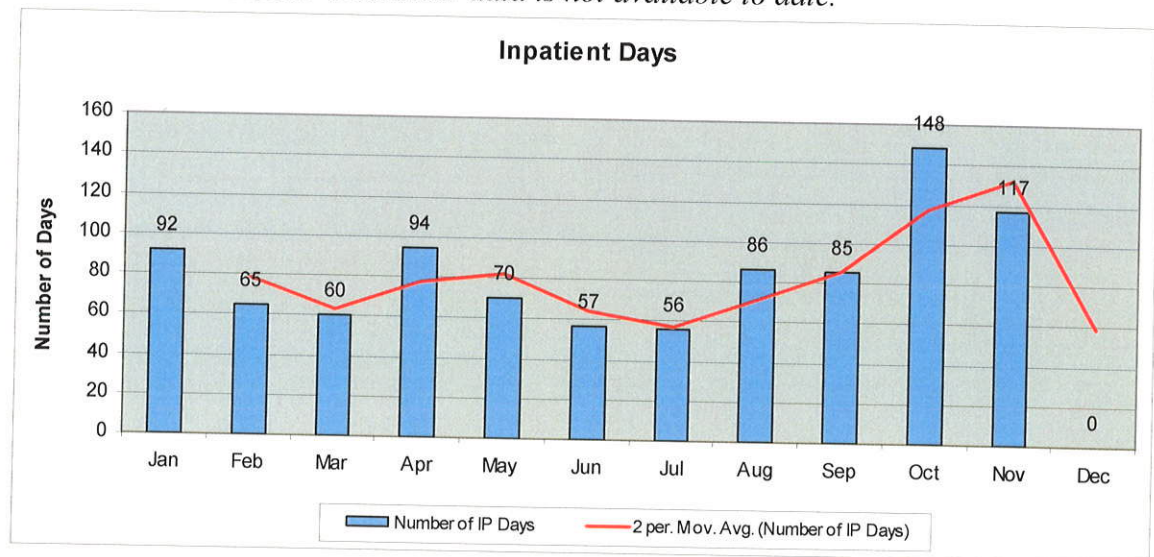
This data is provided in the original RFP, pages 121 and 122.” Appendix A, pages 2 and 3. (See Attachment E.)

133. Question

RFP Appendix A, Pg. 4. Can the DDOC update Table 4 to include hospital admissions, hospital days, and average length of stay at the hospital?

Answer

For 2009. Please note: December data is not available to date.



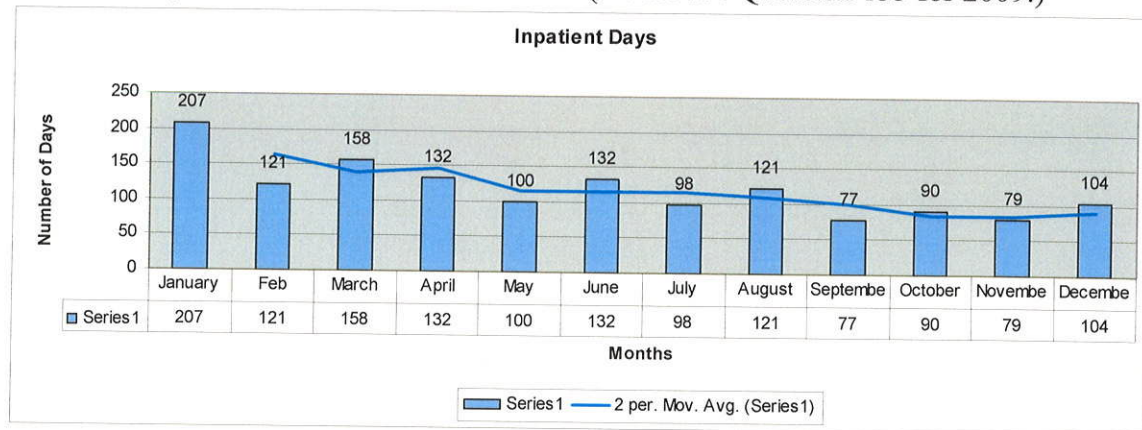
134. Question

RFP Appendix A, Pgs. 5, 6, and 7. Can the DDOC provide the same information for 2009 YTD? Can the DDOC also provide the following statistics for 2008 and 2009 YTD:

- a) Average Length of stay in hospital
- b) Inpatient medical hospital days
- c) Inpatient psychiatric hospital days
- d) ER visits
- e) Average # of Dialysis patients
- f) % of inmates on prescription medication
- g) % of inmates on psych medication
- h) % of inmates on HIV medication
- i) % of inmates on Hepatitis C medication
- j) # of prescriptions written

Answer

For b). The chart below is for 2008. (Please see Question 133 for 2009.)



	2008	2009	Notes
Average Length of stay in hospital	~6.5	~6.5	December 2009 Data not included
Inpatient medical hospital days	1,419	930	December 2009 Data not included
Inpatient psychiatric hospital days	Not applicable.		December 2009 Data not included
ER visits (total per year)	573	402	December 2009 Data not included
Average # of Dialysis patients	87	108	
# of inmates on prescription medication	2,878	2,949	Floorstock Rx orders and all OTC drugs are excluded
Avg. % of inmates on psych medication	31.82	32	December 2009 Data not included
Avg. % of inmates on HIV medication	1.84	1.93	December 2009 Data not included
% of inmates on Hepatitis C medication	Information not tracked.		
# of prescriptions written	9,212	9,643	Floorstock Rx orders and all OTC drugs are excluded

135. Question

RFP Appendix A, Pgs. 4, 5, 6, and 7. Can the DDOC provide claims paid data for each of the last three years? How many claims in each of the last three years exceeded \$25,000? What was the amount of each claim?

Answer

We cannot provide this data.

137. Question

RFP Appendix A, Laboratory, Pg. 5. Please List EKG machines available by site and identify the party owning the equipment.

Answer

Please refer to the answer to Question 101.

139. Question

RFP Appendix A, Vision, Pg. 6. At which facilities, if any, are optometric services provide onsite? If applicable, please list the optometric equipment available by site and identify the party owning the equipment.

Answer

Please refer to the answer to Question 101.

144. Question

RFP Appendix H, Pg. 7. Is there an active labor union for medical professionals in the area? If yes, is any of the current medical staff represented? If so, please provide the Collective Bargaining Agreements.

Answer

United Food & Commercial Workers Union Local 27. See Attachment F.

148. Question

RFP Section III, Paragraph J. 3 Insurance, Page # 113 - Text of Passage: #3
During the term of this contract, the Vendor shall, at its own expense, carry insurance limits as follows:

a. Comprehensive General Liability	\$3,000,000
b. Professional Liability/Misc. Error & Commissions/Product Liability	\$3,000/\$5,000

Do these numbers represent a single occurrence (Comprehensive General Liability/\$3,000,000) or an aggregate number? Does the \$3,000,000 Professional Liability/Misc. Error & Commissions/Product Liability mean for a single occurrence? Does the \$5,000,000 mean for a single occurrence or in the aggregate?

Answer

These are per occurrence.

Attachment A



STATE OF DELAWARE
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BUREAU OF CORRECTIONAL HEALTHCARE SERVICES
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The Therapeutic Community for Sex Offenders:

Program Guidelines:

1. Assessment Driven Program:

Prior to treatment, the offender shall participate in an assessment/evaluation. This should include a clinical interview, which consist of:

- A complete history including social, sexual, criminal, medical, and substance abuse;
- The dynamics of the sexual offending behavior;
- Identification of problem areas and treatment goals.

The assessment will also help identify:

- Which sex offenders will benefit from treatment intervention?
- What are the specific targets of treatment that will have the greatest impact on reducing recidivism potential among sex offenders?
- How treatment for sex offenders should be delivered to ensure maximum benefit from the intervention?

Assessment tools:

- Rapid Risk Assessment for Sex Offense Recidivism (RRASOR)
- Sex Offender Risk Appraisal Guide (SORAG)
- Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)
- Vermont Assessment of Sex Offender risk (Vasor)

2. Treatment Plan:

- The provider shall develop a written treatment contract (plan) based on the needs and risk identified in current and past assessments.
- The treatment plan shall be individualized to meet the unique needs of the offender.
- The treatment plan shall be revised at a minimum of every three months to identify progress and setbacks.

3. Program:

Sex Offender treatment programs must have a clearly articulated model of change or theoretical approach that outlines both the underlying philosophy and method of intervention.

At present, the cognitive-behavioral approach is the most widely employed model of treatment. Cognitive-behavioral treatment addresses the inter-relatedness of thoughts, emotions, and behaviors.

Group therapy is the preferred method of sex offense-specific treatment. The optimum size of a clinical group is eight (8), however group size should not exceed ten (10). Groups specific to the cognitively impaired shall not exceed six (6).

The Following Groups are recommended as a minimum requirement for sex offenders:

- Anger Management (power & Control)
- Think Errors & Cognitive Distortions
- Dealing with Emotions & Impulses
- Relationship Skills
- Stress Management
- Coping Skills
- Victims Empathy
- Accepting responsibility
- Communication Skills
- Identifying cycle and high risk factors
- Identify and reduce deviant arousal patterns and develop appropriate sexual outlets
- Discharge Planning – Preparing to re-enter the community.

The content of treatment for sex offenders shall be designed to:

- Reduce offenders' denial and defensiveness
- Decrease and/or manage offenders' deviant sexual urges

- Identify and treat the offenders' thoughts, beliefs, emotions, and behaviors.
- Educate the offenders about the potential for re-offending.
- Teach the offender self-management skills
- Require offenders to develop a written relapse prevention plan.

It should be understood that the completion of the treatment program is not the end of offenders' rehabilitation needs. Treatment services shall be on going during incarceration and continued in the community once released.

Attachment B

**CORRECTIONAL MEDICAL SERVICES
DELAWARE CONTRACT
POSITION SUMMARY BY SHIFT REVISED JANUARY 1, 2009**

POSITION	SHIFT	Statewide Total FTE	Sussex CI, WR & VOP*	DCC & DCC Max*	Morris	Central VOP	Howard Young*	Baylor & Women's VTC*	J Webb	Plummer	Regional Office
Activity Aide	Day	3.00	-	3.00	-	-	-	-	-	-	-
Admin Assistant	Day	3.00	-	-	-	-	2.00	1.00	-	-	-
Admin Assistant/Secretary	Day	5.00	1.00	1.00	-	-	-	-	-	-	-
Administrator	Day	4.00	1.00	1.00	-	-	1.00	1.00	-	-	3.00
Assoc Administrator	Day	1.00	-	1.00	-	-	-	-	-	-	-
Asst. DON	Day	1.00	-	1.00	-	-	-	-	-	-	-
Clerk - MH/Clerk/Med Records Clerk	Day	20.40	5.40	7.50	-	-	5.00	2.50	-	-	-
Clerk - MH/Clerk/Med Records Clerk	Evening	1.60	0.60	-	-	1.00	-	-	-	-	-
Consult Coord (Transition)	Day	4.00	-	2.00	-	-	1.00	1.00	-	-	-
Dental Assistant	Day	4.90	1.00	2.15	-	0.30	1.00	0.45	-	-	-
Dentist	Day	3.85	0.50	1.60	-	0.30	1.00	0.45	-	-	-
Dietician	Day	1.00	-	-	-	-	-	-	-	-	-
DON	Day	3.00	1.00	1.00	-	-	1.00	-	-	-	1.00
DON/QA CC Case Mgr	Day	1.00	-	-	-	-	-	1.00	-	-	-
Infection Control Coord (RN)	Day	1.00	-	-	-	-	-	1.00	-	-	-
Infection Control Coordinator	Day	1.00	-	-	-	-	-	-	-	-	-
LPN	Day	15.00	6.00	2.00	-	-	1.00	-	-	-	-
LPN	Evening	20.40	5.00	4.00	1.00	1.00	4.00	3.00	-	-	-
LPN	Night	8.00	2.00	3.00	-	-	2.00	1.00	-	0.80	-
LPN	WE Day	5.60	1.20	0.80	0.80	0.40	1.60	0.60	-	0.20	-
LPN	WE Evening	5.60	1.20	1.60	-	0.40	2.00	0.40	-	-	-
LPN	WE Night	3.60	1.20	1.20	-	-	0.80	0.40	-	-	-
Med Assistant/Nurse Assistant	Day	3.50	3.50	-	-	-	-	-	-	-	-
Med Assistant/Nurse Assistant	Evening	1.00	1.00	-	-	-	-	-	-	-	-
Med Assistant/Nurse Assistant	WE Day	0.80	0.80	-	-	-	-	-	-	-	-
Master Social Worker	Day	0.60	-	-	-	-	-	0.60	-	-	-
Reg. Med Records Supervisor	Day	1.00	-	-	-	-	-	-	-	-	1.00
Medical Assistant	Day	11.00	-	5.00	1.00	-	2.00	1.50	0.50	1.00	-
Medical Assistant	Evening	3.00	-	2.00	-	-	1.00	-	-	-	-
Medical Assistant	Night	2.00	-	1.00	-	-	-	1.00	-	-	-
Medical Assistant	WE Day	1.20	-	0.80	-	-	0.40	-	-	-	-
Medical Assistant	WE Evening	0.40	-	0.40	-	-	-	-	-	-	-
Medical Assistant	WE Night	0.40	-	0.40	-	-	-	-	-	-	-
Medical Director/Assoc Med Director	Evening	2.60	1.00	-	-	-	0.60	1.00	-	-	-
Medical Director/Physician/Staff Physician	Day	5.20	0.65	2.95	0.10	0.15	1.00	0.10	0.10	0.15	-
Mental Health Director	Day	3.00	1.00	-	-	-	1.00	1.00	-	-	-
Mental Health Prof/Mental Health Supervisor	WE Day	0.50	0.40	-	-	-	-	-	-	0.10	-
Mental Health Prof/Mental Health Supervisor	Day	6.50	0.60	1.00	-	-	3.00	0.90	-	1.00	-
Mental Health Worker	Day	16.20	5.00	8.00	0.20	0.30	2.50	-	0.20	-	-
Mental Health Worker	Evening	1.10	-	-	-	-	-	1.10	-	-	-
Nurse Practitioner	Day	6.20	1.20	2.60	0.20	0.20	1.00	1.00	-	-	-
Pharmacy Tech	Day	3.40	-	2.00	-	-	1.40	-	-	-	-
Pharmacy Tech	Night	1.00	-	1.00	-	-	-	-	-	-	-
Phlebotomist	Day	1.00	-	1.00	-	-	-	-	-	-	-
Physician Assistant	Day	1.00	-	1.00	-	-	-	-	-	-	-
Psych Director	Day	1.00	-	-	-	-	1.00	-	-	-	-
Psychologist (MH PHD)	Day	0.20	-	-	-	-	-	-	-	-	0.20
		1.00	-	1.00	-	-	-	-	-	-	-

**CORRECTIONAL MEDICAL SERVICES
DELAWARE CONTRACT
POSITION SUMMARY BY SHIFT REVISED JANUARY 1, 2009**

POSITION	SHIFT	Statewide Total FTE	Sussex Cl. WR & VOP*	DCC & DCC Max*	Morris	Central VOP	Howard Young*	Baylor & Women's VTC*	J Webb	Plummer	Regional Office
Psychiatrist	Day	4.10	0.75	1.50	0.05	0.10	1.00	0.55	0.05	0.10	-
QA/CC Case Mgr RN	Day	3.00	1.00	1.00	-	-	1.00	-	-	-	-
QA/Ombudsman	Day	1.00	-	-	-	-	-	-	-	-	-
Reg Manager (Cntr Ofce OH)	Evening	1.00	-	-	-	-	-	-	-	-	1.00
Reg. Medical Director	Evening	1.00	-	-	-	-	-	-	-	-	1.00
Regional DON	Day	1.00	-	-	-	-	-	-	-	-	1.00
Regional MH Director	Day	1.00	-	-	-	-	-	-	-	-	1.00
Regional VP (Cntr Ofce OH)	Day	1.00	-	-	-	-	-	-	-	-	1.00
RN	Day	1.00	-	-	-	-	-	-	-	-	1.00
RN	Day	15.00	4.00	4.00	1.00	1.00	1.00	2.00	1.00	1.00	1.00
RN	Evening	7.00	1.00	4.00	-	-	1.00	1.00	-	-	-
RN	Night	8.00	2.00	4.00	-	-	1.00	1.00	-	-	-
RN	WE Day	3.20	0.40	1.60	-	-	0.40	0.80	-	-	-
RN	WE Evening	3.20	0.40	1.60	-	-	0.40	0.80	-	-	-
RN	WE Night	2.80	0.40	1.60	-	-	0.40	0.40	-	-	-
RN - Infect Control (Chronic)	Day	2.00	1.00	1.00	-	-	-	-	-	-	-
RN Charge	Day	2.00	1.00	1.00	-	-	-	-	-	-	-
RN Psychiatric	Day	2.00	1.00	1.00	-	-	-	-	-	-	-
RN Charge	Day	1.00	-	1.00	-	-	-	-	-	-	-
RN Charge	Evening	1.00	-	-	-	-	1.00	-	-	-	-
RN Charge	WE Day	0.40	-	-	-	-	1.00	-	-	-	-
RN Charge	WE Evening	0.40	-	-	-	-	0.40	-	-	-	-
Staff Physician	Night	1.00	-	-	-	-	1.00	-	-	-	-
TOTAL		251.85	54.20	85.30	4.35	5.15	53.30	32.15	1.85	4.35	11.20

***NOTE:**

Minimum Staffing (FTE's) Levels Required for RN at:

Site	Day	Evening	Night
Howard Young	2.00	2.00	1.40
Baylor/WVTC	1.00	1.00	0.00
DCC/DCC MAX	3.00	2.00	1.40
Sussex/SVOP	2.00	1.00	1.00

Attachment C



STATE OF DELAWARE
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Formulary Drug List - Delaware

Grouped by Therapy Class

1/11/2010

The attached Formulary includes pharmaceutical acquisition costs.

Products which are typically dispensed as individual, solid, oral dosage forms are priced per unit
(e.g. capsules, tablets).

Products which are not solid, oral dosage forms and are dispensed as one counted unit will be priced as
such
(e.g. one tube of cream, one individual injection or vial, one inhaler, one oral liquid bottle).

Products which are typically dispensed as packages are priced per package
(e.g. oral contraceptives, manufactured kits, multi-syringe or vial packs).

Formulary Drug List - Delaware

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Neuropathic Pain Agents	01.05
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	01.06
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Other Analgesics and Anti-Inflammatories	01.09
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Formulary Drug List - Delaware

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Angiotensin Receptor Blockers (ARBs)	05.03
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1. Analgesics and Anti-Inflammatories

Acetaminophen Agents (01.01)

APAP 325 MG TABLET	TYLENOL
APAP ELIXIR 160 MG/5 ML ELIXIR	TYLENOL
APAP ELXIR 160 MG/5 ML ELIXIR	TYLENOL
APAP HOSP PKT 325 MG TABLET	TYLENOL
APAP SUPPOSITORY 325 MG SUPPOSITORY	TYLENOL
APAP SUPPOSITORY 650 MG SUPPOSITORY	TYLENOL SUPP

Anti-Gout Agents (01.02)

ALLOPURINOL 100 MG TABLET	ZYLOPRIM
ALLOPURINOL 300 MG TABLET	ZYLOPRIM
COLCHICINE 0.6 MG TABLET	COLCHICINE
INDOMETHACIN 25 MG CAPSULE	INDOCIN
INDOMETHACIN 50 MG CAPSULE	INDOCIN
PROBENECID 500 MG TABLET	BENEMID

Anti-Migraine Agents (01.03)

APAP-ASA-CAFFEINE 250-250-65 MG TABLET	EXCEDRIN MIGRAINE
APAP/ASA/CAFF 250-250-65 MG TABLET	EXCEDRIN MIGRAINE
ERGOTAMINE TART/CAFF 1/100 MG TABLET	CAFERGOT

Narcotic Analgesics / Antagonists (01.04)

CODEINE/APAP 30-300 MG TABLET	TYLENOL #3
CODEINE/APAP 30-300 MG TABLET	TYLENOL W/COD #3
CODEINE/APAP 36-360 MG ELIXIR	TYLENOL/COD ELIX
HYDROCOD BIT/APAP 5/500 TABLET	VICODIN / LORTAB
HYDROCOD BIT/APAP UD 5/500 TABLET	LORTAB
MORPHINE AMPULE 10 MG/ML INJECTION	MORPHINE SULFATE
MORPHINE SULFATE 15 MG TABLET	IMMED RELEASE
MORPHINE SULFATE 15 MG TABLET	MORPHINE SULF - IMMED RELS
MORPHINE SULFATE 30 MG TABLET	IMMED RELEASE
MORPHINE VIAL 10 MG/ML INJECTION	MORPHINE SULFATE INJ
PENTAZOCINE/NALOX 50/0.5 MG TABLET	TALWIN-NX

Neuropathic Pain Agents (01.05)

AMITRIPTYLINE 150 MG TABLET	ELAVIL
AMITRIPTYLINE HCL 10 MG TABLET	ELAVIL
AMITRIPTYLINE HCL 100 MG TABLET	ELAVIL
AMITRIPTYLINE HCL 25 MG TABLET	ELAVIL
AMITRIPTYLINE HCL 50 MG TABLET	ELAVIL
AMITRIPTYLINE HCL 75 MG TABLET	ELAVIL
GABAPENTIN 100 MG CAPSULE	NEURONTIN
GABAPENTIN 250 MG/5 ML SOLUTION	NEURONTIN SOLN

1. Analgesics and Anti-Inflammatories

GABAPENTIN 300 MG CAPSULE	NEURONTIN
GABAPENTIN 400 MG CAPSULE	NEURONTIN
GABAPENTIN 600 MG TABLET	NEURONTIN
GABAPENTIN 800 MG TABLET	NEURONTIN
NORTRIPTYLINE HCL 10 MG CAPSULE	PAMELOR
NORTRIPTYLINE HCL 25 MG CAPSULE	PAMELOR
NORTRIPTYLINE HCL 50 MG CAPSULE	PAMELOR
NORTRIPTYLINE HCL 75 MG CAPSULE	PAMELOR
VENLAFAXINE HCL 100 MG TABLET	EFFEXOR
VENLAFAXINE HCL 25 MG TABLET	EFFEXOR
VENLAFAXINE HCL 37.5 MG TABLET	EFFEXOR
VENLAFAXINE HCL 50 MG TABLET	EFFEXOR
VENLAFAXINE HCL 75 MG TABLET	EFFEXOR

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (01.06)

IBUPROFEN 100 MG/5 ML SUSPENSION	MOTRIN
IBUPROFEN 200 MG TABLET	ADVIL
MELOXICAM 15 MG TABLET	MOBIC
MELOXICAM 7.5 MG TABLET	MOBIC
NAPROXEN 250 MG TABLET	NAPROSYN
NAPROXEN 375 MG TABLET	NAPROSYN
NAPROXEN 500 MG TABLET	NAPROSYN
PIROXICAM 10 MG CAPSULE	FELDENE
PIROXICAM 20 MG CAPSULE	FELDENE

Salicylates (01.07)

ASA 325 MG TAB EC	ECOTRIN
ASPIRIN 325 MG TABLET	ASA FC
ASPIRIN 325MG 325 MG TABLET	ASPIRIN
ASPIRIN EC 81 MG TAB EC	ECOTRIN
SALSALATE 500 MG TABLET	DISALCID
SALSALATE 750 MG TABLET	DISALCID

Skeletal Muscle Relaxants (01.08)

BACLOFEN 10 MG TABLET	LIORESAL
BACLOFEN 20 MG TABLET	LIORESAL
CHLORZOXAZONE 500 MG TABLET	PARAFON FORTE
METHOCARBAMOL 500 MG TABLET	ROBAXIN
METHOCARBAMOL 750 MG TABLET	ROBAXIN

Other Analgesics and Anti-Inflammatories (01.09)

APAP/CAFF/BUTAL 325-40-50 MG TABLET	FIORICET
HYDROXYCHLOROQUINE 200 MG TABLET	PLAQUENIL
THROAT LOZENGES LOZENGE	SEPASOOTHE

Formulary Drug List - Delaware

2. Antihistamines / Decongestants / Antitussives / Expectorants

1st Generation Antihistamines (02.01)

CHLORPHENIRAMINE 4 MG TABLET	CHLORTRIMETON
CHLORPHENIRAMINE MAL 4 MG TABLET	CHLORTRIMETON
CYPROHEPTADINE 4 MG TABLET	PERIACTIN
DIPHENHYDRAMINE 25 MG CAPSULE	BENADRYL
DIPHENHYDRAMINE 50 MG CAPSULE	BENADRYL
DIPHENHYDRAMINE AF 12.5 MG/5 ML ELIXIR	BENADRYL A/F
DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION	BENADRYL
HYDROXYZINE HCL 10 MG TABLET	ATARAX
HYDROXYZINE HCL 10 MG/5 ML SYRUP	ATARAX SYRUP
HYDROXYZINE HCL 25 MG TABLET	ATARAX
HYDROXYZINE HCL 50 MG TABLET	ATARAX
HYDROXYZINE HCL VIAL 25 MG/ML INJECTION	VISTARIL INJ
HYDROXYZINE HCL VIAL 50 MG/ML INJECTION	VISTARIL
HYDROXYZINE HCL VIAL 50 MG/ML INJECTION	VISTARIL INJ
HYDROXYZINE PAMOATE 25 MG CAPSULE	VISTARIL
HYDROXYZINE PAMOATE 50 MG CAPSULE	VISTARIL

2nd Generation Antihistamines (02.02)

CETIRIZINE HCL 10 MG TABLET	ZYRTEC
CETIRIZINE HCL 5 MG TABLET	ZYRTEC
LORATADINE 10 MG TABLET	CLARITIN

Antitussives (02.03)

Expectorants (02.04)

GUAIFENESIN 100 MG/5 ML SYRUP	ROBITUSSIN PLAIN
GUAIFENESIN 200 MG TABLET	ROBITUSSIN

Decongestants (02.05)

PHENYLEPHRINE 10 MG TABLET	SUDAFED PE
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Combination Products (02.06)

CHLORPHEN/PHENYLEPHRINE 8 MG-20 MG TAB CR	NOHIST
GUAIFENESIN DM PROTOCOL 200-10 MG CAPSULE	TUSS-DM
GUAIFENESIN-DM 100-10/5 ML SYRUP	ROBITUSSIN DM
PSEUDO/TRIPOLIDINE 60-2.5 MG TABLET	ACTIFED

Formulary Drug List - Delaware

3. Anti-Infectives

Aminoglycosides (03.01)

GENTAMICIN 80 MG/NS100 ML INJECTION
GENTAMICIN VIAL 40 MG/ML INJECTION

GARAMYCIN IVPB
GARAMYCIN INJ

Antifungals (03.02)

CLOTRIMAZOLE 10 MG TROCHE
FLUCONAZOLE 100 MG TABLET
FLUCONAZOLE 150 MG TABLET
FLUCONAZOLE 200 MG TABLET
NYSTATIN 100,000 U/ML SUSPENSION

MYCELEX
DIFLUCAN
DIFLUCAN
DIFLUCAN
MYCOSTATIN

Antihelmintics (03.03)

Antimalarials (03.04)

PYRIMETHAMINE 25 MG TABLET
SULFADIAZINE 500 MG TABLET

DARAPRIM
SULFADIAZINE

Antituberculars (03.05)

ETHAMBUTOL HCL 100 MG TABLET
ETHAMBUTOL HCL 400 MG TABLET
ISONIAZID 100 MG TABLET
ISONIAZID 300 MG TABLET
PYRAZINAMIDE 500 MG TABLET
RIFABUTIN 150 MG CAPSULE
RIFAMPIN 150 MG CAPSULE
RIFAMPIN 300 MG CAPSULE

MYAMBUTOL
MYAMBUTOL
INH
INH
PYRAZINAMIDE
MYCOBUTIN
RIFADIN
RIFADIN

Antivirals (non-HIV) (03.06)

AMANTADINE HCL 100 MG CAPSULE
AMANTADINE HCL 50 MG/5 ML SYRUP
GANCICLOVIR VIAL 500 MG INJECTION

SYMMETREL
SYMMETREL
CYTOVENE INJ

Cephalosporins (03.07)

CEFAZOLIN SOD 1GM INJECTION
CEFAZOLIN SOD VIAL 1GM INJECTION
CEFTRIAXONE SOD 1GM INJECTION
CEFTRIAXONE SOD 2GM INJECTION
CEFTRIAXONE SOD VIAL 1GM INJECTION
CEFTRIAXONE SOD VIAL 250 MG INJECTION
CEFTRIAXONE SOD VIAL 2GM INJECTION
CEFTRIAXONE SOD VIAL 500 MG INJECTION
CEPHELEXIN SUSP 250 MG/5 ML SUSPENSION

ANCEF
ANCEF
ROCEPHIN
ROCEPHIN
ROCEPHIN INJ
ROCEPHIN INJ
ROCEPHIN INJ
ROCEPHIN INJ
KEFLEX SUSP

3. Anti-Infectives

Fluoroquinolones (03.08)

CIPROFLOXACIN 500 MG TABLET	CIPRO
CIPROFLOXACIN HCL 250 MG TABLET	CIPRO
CIPROFLOXACIN HCL 500 MG TABLET	CIPRO
CIPROFLOXACIN HCL 750 MG TABLET	CIPRO
CIPROFLOXACIN- 500 MG TABLET	CIPRO

HIV Agents - Fusion Inhibitors (03.09.01)

HIV Agents - Integrase Inhibitors (03.09.02)

HIV Agents - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (03.09.03)

DELAVIRDINE MESYLATE 100 MG TABLET	RESCRIPTOR
DELAVIRDINE MESYLATE 200 MG TABLET	RESCRIPTOR
EFAVIRENZ 200 MG CAPSULE	SUSTIVA
EFAVIRENZ 600 MG TABLET	SUSTIVA
ETRAVIRINE 100 MG TABLET	INTELENCE
NEVIRAPINE 200 MG TABLET	VIRAMUNE
NEVIRAPINE 50 MG/ML SUSPENSION	VIRAMUNE ORAL

HIV Agents - Nucleos(t)ide Reverse Transcriptase Inhibitors (NRTIs) (03.09.04)

ABACAVIR 300 MG TABLET	ZIAGEN
ABACAVIR ORAL SOLN 20 MG/ML SOLUTION	ZIAGEN
DIDANOSINE 125 MG CAP DELAY-REL	VIDEX EC
DIDANOSINE 200 MG CAP DELAY-REL	VIDEX EC
DIDANOSINE 250 MG CAP DELAY-REL	VIDEX EC
DIDANOSINE 400 MG CAP DELAY-REL	VIDEX EC
DIDANOSINE TAB 150 MG TAB CHEW	VIDEX
DIDANOSINE TAB 25 MG TAB CHEW	VIDEX
DIDANOSINE TAB 50 MG TAB CHEW	VIDEX
EMTRICITRABINE 200 MG CAPSULE	EMTRIVA
LAMIVUDINE 100 MG TABLET	EPIVIR HBV
LAMIVUDINE 150 MG TABLET	EPIVIR
LAMIVUDINE 300 MG TABLET	EPIVIR
LAMIVUDINE- 10 MG/ML SOLUTION	EPIVIR
STAVUDINE 15 MG CAPSULE	ZERIT
STAVUDINE 20 MG CAPSULE	ZERIT
STAVUDINE 30 MG CAPSULE	ZERIT
STAVUDINE 40 MG CAPSULE	ZERIT
TENOFOVIR DISOPROXIL 300 MG TABLET	VIREAD
ZIDOVUDINE 10 MG/ML SYRUP	RETROVIR SYRUP
ZIDOVUDINE 100 MG CAPSULE	RETROVIR
ZIDOVUDINE 300 MG TABLET	RETROVIR

3. Anti-Infectives

HIV Agents - Protease Inhibitors (03.09.05)

ATAZANAVIR SULFATE 150 MG CAPSULE	REYATAZ
ATAZANAVIR SULFATE 200 MG CAPSULE	REYATAZ
ATAZANAVIR SULFATE 300 MG CAPSULE	REYATAZ
DARUNAVIR ETHANOLATE 400 MG TABLET	PREZISTA
DARUNAVIR ETHANOLATE 600 MG TABLET	PREZISTA
FOSAMPRENAVIR CA 700 MG TABLET	LEXIVA
INDINAVIR 200 MG CAPSULE	CRIXIVAN
INDINAVIR 400 MG CAPSULE	CRIXIVAN
LOPINAVIR/RITONAVIR TAB 200/50 MG TABLET	KALETRA TAB
LOPINAVIR/RITON 400-100/5 ML SOLUTION	KALETRA SUSP
NELFINAVIR MESYLATE 250 MG TABLET	VIRACEPT
NELFINAVIR MESYLATE 625 MG TABLET	VIRACEPT
RITONAVIR 100 MG CAPSULE	NORVIR
RITONAVIR 80 MG/ML SOLUTION	NORVIR
SAQUINAVIR*INVIRASE 200 MG CAPSULE	INVIRASE
SAQUINAVIR*INVIRASE 500 MG TABLET	INVIRASE
TIPRANAVIR 250 MG CAPSULE	APTIVUS

HIV Agents - Combination Products (03.09.06)

ABACAV-3TC-AZT 300-150-300 TABLET	TRIZIVIR
ABACAVIR/LAMIVUDINE 600-300 MG TABLET	EPZICOM
EFAVIR/EMTRICIT/TENOFOV 600-200-300 MG TABLET	ATRIPLA
EMTRICTABINE/TENOFOVIR 200-300 MG TABLET	TRUVADA

HIV Agents - Supportive Agents (03.09.07)

AZITHROMYCIN 600 MG TABLET	ZITHROMAX
DAPSONE 100 MG TABLET	DAPSONE
DAPSONE 25 MG TABLET	DAPSONE

Macrolides / Azalides / Lincosamides / Oxazolidinones (03.10)

AZITHROMYCIN 600 MG TABLET	ZITHROMAX
CLINDAMYCIN HCL 150 MG CAPSULE	CLEOCIN
CLINDAMYCIN IVPB 300 MG INJECTION	CLEOCIN
CLINDAMYCIN IVPB 600 MG INJECTION	CLEOCIN IVPB
CLINDAMYCIN IVPB 900 MG INJECTION	CLEOCIN
CLINDAMYCIN PHOS ADV 600 MG/4 ML INJECTION	CLEOCIN
CLINDAMYCIN PHOS VL 150 MG/ML INJECTION	CLEOCIN INJ
ERYTHROMYCIN 250 MG TAB EC	ERY-TAB
ERYTHROMYCIN 333 MG TAB EC	ERY-TAB
ERYTHROMYCIN 500 MG TABLET	ERY-TAB
ERYTHROMYCIN ETHYL 400 MG TABLET	EES 400
ERYTHROMYCIN LACTO 1 GRAM INJECTION	ERYTHROMYCIN
ERYTHROMYCIN LACTO ADV 500 MG INJECTION	ERYTHROMYCIN ADV

3. Anti-Infectives

Penicillins (03.11)

AMOXICILLIN 250 MG CAPSULE	AMOXIL
AMOXICILLIN 250 MG/5 ML SUSPENSION	AMOXIL
AMOXICILLIN 500 MG CAPSULE	AMOXIL
AMOXICILLIN/CLAV 500-125 MG TABLET	AUGMENTIN
AMOXICILLIN/CLAV 875-125 MG TABLET	AUGMENTIN
AMPICILLIN ADVANTAGE 2GM INJECTION	AMPICILLIN
AMPICILLIN VIAL 1GM INJECTION	AMPICILLIN
AMPICILLIN VIAL 2GM INJECTION	AMPICILLIN
DICLOXACILLIN 250 MG CAPSULE	DYNAPEN
DICLOXACILLIN 500 MG CAPSULE	DYNAPEN
NAFCILLIN SOD ADVANTAGE VL 2GM INJECTION	NAFCIL
NAFCILLIN SOD VIAL 1GM INJECTION	NAFCIL
NAFCILLIN SOD VIAL 2GM INJECTION	NAFCIL
PENIC-G BENZ/PROC SYR 1.2 MILLION UNITS INJECTION	BICILLIN C-R
PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION	BICILLIN LA
PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION	BICILLIN LA
PENIC-G PROCAINE 1.2 MILLION UNITS INJECTION	WYCILLIN
PENICILLIN V-K 250 MG TABLET	PEN-VK
PENICILLIN V-K 500 MG TABLET	PEN-VK
PENICILLIN VK SUSP 250MG/5 ML SOLUTION	PEN-VK ORAL SUSP
PENICILLIN-G POTASSIUM VI 5MU INJECTION	PENICILLIN INJ

Sulfonamides (03.12)

SULFAMETH-TRIMETH 800-160 MG TABLET	BACTRIM DS
SULFAMETH-TRIMETH 800-160 MG TABLET	BACTRIM DS / SEPTRA DS
SULFAMETH/TRIMETH 400/80 MG TABLET	BACTRIM/SEPTRA
SULFAMETH/TRIMETH VL 80-16 MG/ML INJECTION	BACTRIM INJ
SULFAMETH\TRI 200-40 MG/5 ML SUSPENSION	BACTRIM/SEPTRA

Tetracyclines (03.13)

DOXYCYCLINE HYCLATE 100 MG CAPSULE	VIBRAMYCIN
DOXYCYCLINE HYCLATE 50 MG CAPSULE	VIBRAMYCIN
TETRACYCLINE HCL 250 MG CAPSULE	SUMYCIN
TETRACYCLINE HCL 500 MG CAPSULE	SUMYCIN

Other Anti-Infectives (03.14)

METRONIDAZOLE 250 MG TABLET	FLAGYL
METRONIDAZOLE 500 MG TABLET	FLAGYL
METRONIDAZOLE/NACL 500 MG/100 ML INJECTION	FLAGYL IVPB
VANCOMYCIN HCL 1GM INJECTION	VANCOCIN
VANCOMYCIN HCL 500 MG INJECTION	VANCOCIN
VANCOMYCIN HCL VIAL 1GM INJECTION	VANCOCIN
VANCOMYCIN HCL VIAL 500 MG INJECTION	VANCOCIN

Formulary Drug List - Delaware

4. Cancer-Related Agents

Antineoplastics (04.01)

HYDROXYUREA 500 MG CAPSULE
TAMOXIFEN CITRATE 10 MG TABLET

HYDREA
NOLVADEX

Formulary Drug List - Delaware

5. Cardiovascular Agents

Alpha-adrenergic Blockers (05.01)

DOXAZOSIN MESYLATE 1 MG TABLET	CARDURA
DOXAZOSIN MESYLATE 4 MG TABLET	CARDURA
DOXAZOSIN MESYLATE 8 MG TABLET	CARDURA
TERAZOSIN HCL 1 MG CAPSULE	HYTRIN
TERAZOSIN HCL 10 MG CAPSULE	HYTRIN
TERAZOSIN HCL 2 MG CAPSULE	HYTRIN
TERAZOSIN HCL 5 MG CAPSULE	HYTRIN

Angiotensin-Converting Enzyme Inhibitors (ACE) (05.02)

CAPTOPRIL 100 MG TABLET	CAPOTEN
CAPTOPRIL 12.5 MG TABLET	CAPOTEN
CAPTOPRIL 25 MG TABLET	CAPOTEN
CAPTOPRIL 50 MG TABLET	CAPOTEN
ENALAPRIL MALEATE 10 MG TABLET	VASOTEC
ENALAPRIL MALEATE 2.5 MG TABLET	VASOTEC
ENALAPRIL MALEATE 20 MG TABLET	VASOTEC
ENALAPRIL MALEATE 5 MG TABLET	VASOTEC
LISINOPRIL 10 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 2.5 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 20 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 30 MG TABLET	ZESTRIL
LISINOPRIL 40 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 5 MG TABLET	ZESTRIL/PRINIVIL

Angiotensin Receptor Blockers (ARBs) (05.03)

Antidysrhythmics - Type 1a (05.04.01)

QUINIDINE 300 MG TAB CR	QUINIDEX EXTENT
QUINIDINE SULFATE 200 MG TABLET	QUINIDINE SO4

Antidysrhythmics - Type 1b (05.04.02)

Antidysrhythmics - Type 1c (05.04.03)

Antidysrhythmics - Type III (05.04.04)

AMIODARONE HCL 200 MG TABLET	CORDARONE
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Antilipidemics - HMG-Coenzyme A Reductase Inhibitors (05.05.01)

PRAVASTATIN SODIUM 10 MG TABLET	PRAVACHOL
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5. Cardiovascular Agents

PRAVASTATIN SODIUM 20 MG TABLET	PRAVACHOL
PRAVASTATIN SODIUM 40 MG TABLET	PRAVACHOL
SIMVASTATIN 10 MG TABLET	ZOCOR
SIMVASTATIN 20 MG TABLET	ZOCOR
SIMVASTATIN 40 MG TABLET	ZOCOR
SIMVASTATIN 5 MG TABLET	ZOCOR
SIMVASTATIN 80 MG TABLET	ZOCOR

Antilipidemics - Other Antilipidemics (05.05.02)

CHOLESTYRAMINE/ASPAR POWDER	QUESTRAN LIGHT
CHOLESTYRAMINE/ASPARTAME PACK	QUESTRAN LIGHT
GEMFIBROZIL 600 MG TABLET	LOPID
NIACIN 100 MG TABLET	NIACIN
NIACIN 250 MG TABLET	NIACIN
NIACIN 50 MG TABLET	NIACIN
NIACIN 500 MG TABLET	NIACIN
NIACIN- TIME REL 250 MG TAB CR	SLO-NIACIN
NIACIN- TIME REL 500 MG TAB CR	SLO-NIACIN
NIACIN- TIME REL 750 MG TAB CR	SLO-NIACIN

Beta-Adrenergic Blockers - Selective Agents (05.06.01)

ATENOLOL 100 MG TABLET	TENORMIN
ATENOLOL 25 MG TABLET	TENORMIN
ATENOLOL 50 MG TABLET	TENORMIN
METOPROLOL TART 100 MG TABLET	LOPRESSOR
METOPROLOL TART 25 MG TABLET	LOPRESSOR
METOPROLOL TART 50 MG TABLET	LOPRESSOR
METOPROLOL TARTRATE 25 MG TABLET	LOPRESSOR

Beta-Adrenergic Blockers - Non-Selective Agents (05.06.02)

PROPRANOLOL HCL 10 MG TABLET	INDERAL
PROPRANOLOL HCL 20 MG TABLET	INDERAL
PROPRANOLOL HCL 40 MG TABLET	INDERAL
PROPRANOLOL HCL 80 MG TABLET	INDERAL

Beta-Adrenergic Blockers - α, β Antagonists (05.06.03)

CARVEDILOL 12.5 MG TABLET	COREG
CARVEDILOL 25 MG TABLET	COREG
CARVEDILOL 3.125 MG TABLET	COREG
CARVEDILOL 6.25 MG TABLET	COREG

Calcium Channel Blockers - Dihydropyridine (05.07.01)

AMLODIPINE BESYLATE 10 MG TABLET	NORVASC
AMLODIPINE BESYLATE 2.5 MG TABLET	NORVASC
AMLODIPINE BESYLATE 5 MG TABLET	NORVASC

5. Cardiovascular Agents

Calcium Channel Blockers - Non-Dihydropyridine (05.07.02)

DILTIAZEM 120 MG CAP SR 24 HR	DILACOR XR
DILTIAZEM 180 MG CAP SR 24 HR	DILACOR XR
DILTIAZEM 240 MG CAP SR 24 HR	DILACOR XR
DILTIAZEM 300 MG CAP SR 24 HR	CARDIZEM-CD
DILTIAZEM HCL 120 MG TABLET	CARDIZEM
DILTIAZEM HCL 30 MG TABLET	CARDIZEM
DILTIAZEM HCL 60 MG TABLET	CARDIZEM
DILTIAZEM HCL 90 MG TABLET	CARDIZEM
VERAPAMIL HCL 120 MG TABLET	CALAN
VERAPAMIL HCL 40 MG TABLET	CALAN
VERAPAMIL HCL 80 MG TABLET	CALAN
VERAPAMIL HCL SR 120 MG TAB CR	CALAN SR
VERAPAMIL HCL SR 180 MG TAB CR	CALAN SR
VERAPAMIL HCL SR 240 MG TAB CR	CALAN SR

Cardiac Glycosides (05.08)

DIGOXIN 0.125 MG TABLET	LANOXIN
DIGOXIN 0.25 MG TABLET	LANOXIN
DIGOXIN AMP 0.25 MG/ML INJECTION	LANOXIN INJ

Centrally-Acting Antihypertensives (05.09)

CLONIDINE HCL 0.1 MG TABLET	CATAPRES
CLONIDINE HCL 0.2 MG TABLET	CATAPRES
CLONIDINE HCL 0.3 MG TABLET	CATAPRES

Diuretics (05.10)

ACETAZOLAMIDE 250 MG TABLET	DIAMOX
ACETAZOLAMIDE 500 MG CAP CR	DIAMOX SEQUEL
FUROSEMIDE 20 MG TABLET	LASIX
FUROSEMIDE 40 MG TABLET	LASIX
FUROSEMIDE 80 MG TABLET	LASIX
FUROSEMIDE VIAL 100 MG/10 ML INJECTION	LASIX
FUROSEMIDE VIAL 20 MG/2 ML INJECTION	LASIX
FUROSEMIDE VIAL 40 MG/4 ML INJECTION	LASIX
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	HCTZ
HYDROCHLOROTHIAZIDE 25 MG TABLET	HCTZ
HYDROCHLOROTHIAZIDE 50 MG TABLET	HYDRODIURIL
HYDROCHLOROTHIAZIDE UD 25 MG TABLET	HYDRODIURIL
SPIRONOLACTONE 100 MG TABLET	ALDACTONE
SPIRONOLACTONE 25 MG TABLET	ALDACTONE
SPIRONOLACTONE 50 MG TABLET	ALDACTONE
TRIAMTERENE/HCTZ 37.5-25 MG TABLET	MAXZIDE-25
TRIAMTERENE/HCTZ 75-50 MG TABLET	MAXZIDE

Hemorrhheologic Agents (05.11)

5. Cardiovascular Agents

CLOPIDOGREL BISULFATE 75 MG TABLET	PLAVIX
HEPARIN SODIUM MDV 10,000 U/ML INJECTION	HEPARIN
HEPARIN SODIUM VL 1,000 U/ML INJECTION	HEPARIN
HEPARIN SODIUM VL 10 U/ML INJECTION	HEP-LOCK
HEPARIN SODIUM VL 100 U/ML INJECTION	HEP-LOCK
HEPARIN SODIUM VL 5,000 U/ML INJECTION	HEPARIN
WARFARIN SOD 1 MG TABLET	JANTOVEN
WARFARIN SOD 10 MG TABLET	JANTOVEN
WARFARIN SOD 2 MG TABLET	JANTOVEN
WARFARIN SOD 2.5 MG TABLET	JANTOVEN
WARFARIN SOD 3 MG TABLET	JANTOVEN
WARFARIN SOD 4 MG TABLET	JANTOVEN
WARFARIN SOD 5 MG TABLET	JANTOVEN
WARFARIN SOD 6 MG TABLET	JANTOVEN
WARFARIN SOD 7.5 MG TABLET	JANTOVEN

Vasodilators - Nitrates (05.12.01)

ISOSORBIDE DINITRATE 10 MG TABLET	ISORDIL
ISOSORBIDE DINITRATE 20 MG TABLET	ISORDIL
ISOSORBIDE DINITRATE 30 MG TABLET	ISORDIL
ISOSORBIDE DINITRATE 40 MG TAB CR	SORBITRATE SA
ISOSORBIDE DINITRATE 5 MG TABLET	ISORDIL
ISOSORBIDE DINITRATE SR 40 MG CAP CR	DILATRATE SR
ISOSORBIDE-DIN 2.5 MG TAB SUBL	ISORDIL SL
ISOSORBIDE-DIN 5 MG TAB SUBL	ISORDIL SL
ISOSORBIDE-DINIT 20 MG TABLET	ISORDIL
ISOSORBIDE-MONONIT 30 MG TAB SR 24 HR	IMDUR
ISOSORBIDE-MONONIT 60 MG TAB SR 24 HR	IMDUR
NITROGLYCERIN 2% OINTMENT	NITRO-BID
NITROGLYCERIN PATCH 0.1 MG/HR PATCH 24 HR	TRANSDERM-NITRO
NITROGLYCERIN PATCH 0.2 MG/HR PATCH 24 HR	TRANSDERM-NITRO
NITROGLYCERIN PATCH 0.4 MG/HR PATCH 24 HR	TRANSDERM-NITRO
NITROGLYCERIN PATCH 0.6 MG/HR PATCH 24 HR	TRANSDERM-NITRO
NITROGLYCERIN PATCH 0.8 MG/HR PATCH 24 HR	NITRO-DUR
NITROGLYCERIN SL 1/150 (0.4MG)	NITROSTAT

Vasodilators - Non-Nitrates (05.12.02)

HYDRALAZINE HCL 10 MG TABLET	APRESOLINE
HYDRALAZINE HCL 25 MG TABLET	APRESOLINE
HYDRALAZINE HCL 50 MG TABLET	APRESOLINE

Combination Agents (05.13)

Other CV Agents (05.14)

Formulary Drug List - Delaware

6. Central Nervous System Agents

Antidepressants - Tricyclic Antidepressants (06.01.01)

DESIPRAMINE 10 MG TABLET	NORPRAMIN
DESIPRAMINE 100 MG TABLET	NORPRAMIN
DESIPRAMINE 25 MG TABLET	NORPRAMIN
DESIPRAMINE 50 MG TABLET	NORPRAMIN
DESIPRAMINE 75 MG TABLET	NORPRAMIN
DOXEPIN HCL 10 MG CAPSULE	SINEQUAN
DOXEPIN HCL 100 MG CAPSULE	SINEQUAN
DOXEPIN HCL 150 MG CAPSULE	SINEQUAN
DOXEPIN HCL 25 MG CAPSULE	SINEQUAN
DOXEPIN HCL 50 MG CAPSULE	SINEQUAN
DOXEPIN HCL 75 MG CAPSULE	SINEQUAN
DOXEPIN ORAL SOLN 10 MG/ML CONCENTRATE	SINEQUAN
IMIPRAMINE HCL 10 MG TABLET	TOFRANIL
IMIPRAMINE HCL 25 MG TABLET	TOFRANIL
IMIPRAMINE HCL 50 MG TABLET	TOFRANIL

Antidepressants - Serotonin +/- Norepinephrine Reuptake Inhibitors (SSRI / SNRI) (06.01.02)

CITALOPRAM 10 MG TABLET	CELEXA
CITALOPRAM 20 MG TABLET	CELEXA
CITALOPRAM 40 MG TABLET	CELEXA
CITALOPRAM ORAL 10 MG/5 ML SOLUTION	CELEXA ORAL SOLN
FLUOXETINE 10 MG CAPSULE	PROZAC
FLUOXETINE 20 MG CAPSULE	PROZAC
FLUOXETINE SOLN 20 MG/5 ML LIQUID	PROZAC
PAROXETINE HCL 10 MG TABLET	PAXIL
PAROXETINE HCL 20 MG TABLET	PAXIL
PAROXETINE HCL 30 MG TABLET	PAXIL
PAROXETINE HCL 40 MG TABLET	PAXIL
PAROXETINE SUSP 10 MG/5 ML SUSPENSION	PAXIL ORAL SUSP
SERTRALINE HCL 100 MG TABLET	ZOLOFT
SERTRALINE HCL 25 MG TABLET	ZOLOFT
SERTRALINE HCL 50 MG TABLET	ZOLOFT
SERTRALINE HCL 50 MG TABLET	ZOLOFT TABLET
SERTRALINE ORAL CONC 20 MG/ML CONCENTRATE	ZOLOFT ORAL CONC

Antidepressants - Other Antidepressants (06.01.03)

BUPROPION HCL 100 MG TABLET	WELLBUTRIN
BUPROPION HCL 75 MG TABLET	WELLBUTRIN
BUPROPION HCL SR 100 MG TAB CR	WELLBUTRIN SR
BUPROPION HCL SR 150 MG TAB CR	WELLBUTRIN SR
BUPROPION HCL SR 200 MG TAB CR	WELLBUTRIN SR
MIRTAZAPINE 15 MG TABLET	REMERON

6. Central Nervous System Agents

MIRTAZAPINE 30 MG TABLET	REMERON
MIRTAZAPINE 45 MG TABLET	REMERON
TRAZODONE HCL 100 MG TABLET	DESYREL
TRAZODONE HCL 150 MG TABLET	DESYREL
TRAZODONE HCL 50 MG TABLET	DESYREL

Antipsychotic Agents - 1st Generation Agents (06.02.01)

CHLORPROMAZINE HCL 10 MG TABLET	THORAZINE
CHLORPROMAZINE HCL 100 MG TABLET	THORAZINE
CHLORPROMAZINE HCL 200 MG TABLET	THORAZINE
CHLORPROMAZINE HCL 25 MG TABLET	THORAZINE
CHLORPROMAZINE HCL 50 MG TABLET	THORAZINE
CHLORPROMAZINE- 25 MG/ML INJECTION	THORAZINE
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE
FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR
FLUPHENAZINE 5 MG/ML CONCENTRATE	PROLIXIN ORAL
FLUPHENAZINE DECON VL 25 MG/ML INJECTION	PROLIXIN INJ
FLUPHENAZINE HCL 1 MG TABLET	PROLIXIN
FLUPHENAZINE HCL 10 MG TABLET	PROLIXIN
FLUPHENAZINE HCL 2.5 MG TABLET	PROLIXIN
FLUPHENAZINE HCL 5 MG TABLET	PROLIXIN
FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION	PROLIXIN INJ
HALOPERIDOL 0.5 MG TABLET	HALDOL
HALOPERIDOL 1 MG TABLET	HALDOL
HALOPERIDOL 2 MG TABLET	HALDOL
HALOPERIDOL 5 MG TABLET	HALDOL
HALOPERIDOL DEC VL 100 MG/ML INJECTION	HALDOL
HALOPERIDOL DEC VL 50 MG/ML INJECTION	HALDOL
HALOPERIDOL LACTATE VL 5 MG/ML INJECTION	HALDOL
HALOPERIDOL ORAL 2 MG/ML CONCENTRATE	HALDOL
PERPHENAZINE 16 MG TABLET	TRILAFON
PERPHENAZINE 2 MG TABLET	TRILAFON
PERPHENAZINE 4 MG TABLET	TRILAFON
PERPHENAZINE 8 MG TABLET	TRILAFON
THIOTHIXENE 1 MG CAPSULE	NAVANE
THIOTHIXENE 10 MG CAPSULE	NAVANE
THIOTHIXENE 2 MG CAPSULE	NAVANE
THIOTHIXENE 5 MG CAPSULE	NAVANE
TRIFLUOPERAZINE HCL 1 MG TABLET	STELAZINE
TRIFLUOPERAZINE HCL 10 MG TABLET	STELAZINE
TRIFLUOPERAZINE HCL 2 MG TABLET	STELAZINE
TRIFLUOPERAZINE HCL 5 MG TABLET	STELAZINE

Antipsychotic Agents - 2nd Generation Agents (06.02.02)

RISPERIDONE 0.25 MG TABLET	RISPERDAL
RISPERIDONE 0.5 MG TABLET	RISPERDAL

6. Central Nervous System Agents

RISPERIDONE 1 MG / ML SOLUTION	RISPERDAL SOLN
RISPERIDONE 1 MG TABLET	RISPERDAL
RISPERIDONE 2 MG TABLET	RISPERDAL
RISPERIDONE 3 MG TABLET	RISPERDAL
RISPERIDONE 4 MG TABLET	RISPERDAL
ZIPRASIDONE HCL 20 MG CAPSULE	GEODON
ZIPRASIDONE HCL 40 MG CAPSULE	GEODON
ZIPRASIDONE HCL 60 MG CAPSULE	GEODON
ZIPRASIDONE HCL 80 MG CAPSULE	GEODON

Barbiturates (06.03)

PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL
PHENOBARBITAL- VIAL 130 MG/ML INJECTION	PHENOBARBITAL
PHENOBARBITAL-VIAL 65 MG/ML INJECTION	PHENOBARBITAL

Cerebral Stimulants (06.04)

Mood Stabilizers (06.05)

LITHIUM CARBONATE 150 MG CAPSULE	ESKALITH
LITHIUM CARBONATE 300 MG CAPSULE	ESKALITH
LITHIUM CITRATE 300MG (8MEQ)/5ML SYRUP	LITHIUM CITRATE

Sedatives / Hypnotics - Benzodiazepine (06.06.01)

CHLORDIAZEPOXIDE 10 MG CAPSULE	LIBRIUM
CHLORDIAZEPOXIDE 25 MG CAPSULE	LIBRIUM
CHLORDIAZEPOXIDE 5 MG CAPSULE	LIBRIUM
LORAZEPAM 0.5 MG TABLET	ATIVAN
LORAZEPAM 1 MG TABLET	ATIVAN
LORAZEPAM 2 MG TABLET	ATIVAN
LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN

Sedatives / Hypnotics - Other Agents (06.06.02)

Other CNS Agents (06.07)

BENZTROPINE MES 0.5 MG TABLET	COGENTIN
BENZTROPINE MES 1 MG TABLET	COGENTIN
BENZTROPINE MES 2 MG TABLET	COGENTIN
BENZTROPINE MES VL/AMP 1 MG/ML INJECTION	COGENTIN INJ
TRIHEXYPHENIDYL HCL 2 MG TABLET	ARTANE
TRIHEXYPHENIDYL HCL 5 MG TABLET	ARTANE

Formulary Drug List - Delaware

7. Dental Agents

Dental Agents (07.01)

CHLORHEXIDINE GLUC 0.12% SOLUTION
LIDOCAINE VISC 2% SOLUTION
LIDOCAINE VISCOUS 2% SOLUTION

PERIDEX
XYLOCAINE VISC
XYLOCAINE VISC

Formulary Drug List - Delaware

8. Dermatological Agents

Anti-Acne Products (08.01)

BENZOYL PEROXIDE 10% GEL (JELLY)	BENZAGEL
BENZOYL PEROXIDE 5% GEL (JELLY)	BENZAGEL
ERYTHROMYCIN TOPICAL 2% SOLUTION	ERYMAX / ERYDERM

Antifungals (08.02)

CLOTRIMAZOLE 1% CREAM	LOTRIMIN/MYCELEX
CLOTRIMAZOLE 1% SOLUTION	LOTRIMIN/MYCELEX
MICONAZOLE TOPICAL 2% CREAM	MONISTAT-DERM
NYSTATIN 100,000U/GM CREAM	MYCOSTATIN
NYSTATIN 100,000U/GM OINTMENT	MYCOSTATIN
NYSTATIN/TRIAMCINOLONE CREAM	MYCOLOG
NYSTATIN/TRIAMCINOLONE OINTMENT	MYCOLOG
TOLNAFTATE 1% CREAM	TINACTIN
TOLNAFTATE 1% SOLUTION	TINACTIN A-F

Anti-Infectives (08.03)

BACITRACIN 500U/G OINTMENT	BACITRACIN
BACITRACIN PKT 500U/G OINTMENT	BACITRACIN
BACITRACIN/POLYMYXIN B OINTMENT	POLYSPORIN
BACITRACIN/POLYSPORIN OINTMENT	POLYSPORIN
NEOMY/BAC/POLY OINTMENT	NEOSPORIN
NEOMY/BAC/POLY B PKT OINTMENT	NEOSPORIN
SILVER SULFADIAZINE 1% CREAM	SILVADENE

Antipsoriatics (08.04)

COAL TAR SHAMPOO SHAMPOO	DOAK TAR/TERA-GEL
COAL TAR TOPICAL 5% LOTION	DOAK TAR/MG217

Antipruritics & Local Anesthetics (08.05)

CALAMINE LOTION LOTION	CALAMINE LOTION
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Moisturizing and Barrier Agents (08.06)

ABSORBASE CREAM	EUCERIN
THERADERM LOTION LOTION	THERADERM

Scabicides (08.07)

PERMETHRIN 5% CREAM	ELIMITE/ACTICIN
PYRETHRINS/PIPERONYL SHAMPOO	LICE TREATMENT/ RID

Steroid Anti-Inflammatories - Very High Potency (08.08.01)

CLOBETASOL PROP 0.05% CREAM	TEMOVATE
CLOBETASOL PROP 0.05% OINTMENT	TEMOVATE

8. Dermatological Agents

Steroid Anti-Inflammatories - High Potency (08.08.02)

TRIAMCINOLONE 0.025% CR	KENALOG
TRIAMCINOLONE 0.025% LOT	KENALOG
TRIAMCINOLONE 0.025% OINT	KENALOG
TRIAMCINOLONE 0.1% CR	KENALOG
TRIAMCINOLONE 0.1% LOT	KENALOG
TRIAMCINOLONE 0.1% OINT	KENALOG
TRIAMCINOLONE 0.5% CR	KENALOG
TRIAMCINOLONE 0.5% OINT	KENALOG

Steroid Anti-Inflammatories - Medium Potency (08.08.03)

FLUOCINOLONE 0.01% CREAM	SYNALAR
FLUOCINOLONE 0.01% SOLUTION	SYNALAR
FLUOCINOLONE 0.025% CREAM	SYNALAR
FLUOCINOLONE 0.025% OINTMENT	SYNALAR
TRIAMCINOLONE 0.025% CR	KENALOG
TRIAMCINOLONE 0.025% LOT	KENALOG
TRIAMCINOLONE 0.025% OINT	KENALOG
TRIAMCINOLONE 0.1% CR	KENALOG
TRIAMCINOLONE 0.1% LOT	KENALOG
TRIAMCINOLONE 0.1% OINT	KENALOG
TRIAMCINOLONE 0.5% CR	KENALOG
TRIAMCINOLONE 0.5% OINT	KENALOG

Steroid Anti-Inflammatories - Low Potency (08.08.04)

FLUOCINOLONE 0.01% CREAM	SYNALAR
FLUOCINOLONE 0.01% SOLUTION	SYNALAR
FLUOCINOLONE 0.025% CREAM	SYNALAR
FLUOCINOLONE 0.025% OINTMENT	SYNALAR
HEMORRHOIDAL HC 1% OINTMENT	ANUSOL-HC/1
HYDROCORTISONE CR 1%	HYTONE
HYDROCORTISONE LOT 1%	HYTONE
HYDROCORTISONE OINT 1%	HYTONE

Other Derm Agents (08.09)

ANALGESIC BALM OINTMENT	ANALGESIC BALM
CALCIUM ACET/ALUM SO ₄ PACK	DOMEBORO
PODOPHYLLUM RESIN 25% SOLUTION	PODODERM
SALICYLIC ACID PLASTER 40%	MEDIPLAST PATCH
SELENIUM SULFIDE 2.5% SHAMPOO	SELSUN-RX LOTION
SULFUR/SALICYLIC ACID SHAMPOO	SEBEX/SEBULEX
THERADERM LOTION LOTION	THERADERM
TRICHLOROACETIC ACID SOLN (15M) LIQUID	TRI-CHLOR

Formulary Drug List - Delaware

9. Diagnostics and Supplies

Diagnostics and Supplies (09.01)

CARPUJECT HOLDER MISCELLANEOUS	CARPUJECT
D5-1/2NS + KCL 20 MEQ INJECTION	D5-1/2NS + KCL
DEXTROSE -WATER 5% INJECTION	D5-W 250ML
DEXTROSE -WATER 5% INJECTION	D5-W 1000ML
DEXTROSE -WATER 5% INJECTION	D5-W ADVANTAGE
DEXTROSE -WATER SYRINGE 50% INJECTION	D-50W
DEXTROSE -WATER VIAL 50% INJECTION	D50-W
DEXTROSE-NACL 5%-0.45% INJECTION	D5-1/2NS 1000ML
DEXTROSE-WATER 5% INJECTION	D5-W 100ML
DEXTROSE-WATER 5% INJECTION	D5-W 500ML
DEXTROSE-WATER 5% INJECTION	D5-W ADVANTAGE
LACTATED RINGERS INJECTION	LACTATED RINGERS
SOD CHL PRESERV-FREE VL (10ML 0.9% INJECTION	NORMAL SALINE
SOD CHL PRESERV-FREE VL (20ML 0.9% INJECTION	NORMAL SALINE
SOD CHLORIDE IV BAG 0.9% INJECTION	NORMAL SALINE
SOD CHLORIDE MINI-BAG+ 0.9% INJECTION	NORMAL SALINE
TUBERCULIN PPD VL 5TU/0.1 ML INJECTION	APLISOL
WATER-BACTERIOSTATIC VL INJECTION	WATER FOR INJ
WATER-PRESERVATIVE-FREE VL 20 INJECTION	STERILE WATER

Formulary Drug List - Delaware

10. Emergency Medications

Emergency Medications (10.01)

ATROPINE SYRINGE 0.1 MG/ML INJECTION	ATROPINE SULFATE
ATROPINE VIAL 0.4 MG/ML INJECTION	ATROPINE INJ
ATROPINE VIAL 0.4 MG/ML INJECTION	ATROPINE SULFATE
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE
CHARCOAL 25GM LIQUID	CHARCOAL
CHLORPROMAZINE- 25 MG/ML INJECTION	THORAZINE
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE
DEXAMETHASONE VIAL 4 MG/ML INJECTION	DECADRON INJ
DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION	BENADRYL
EPINEPHRINE VIAL 1:1000 INJECTION	ADRENALIN
FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR
FLUPHENAZINE 5 MG/ML CONCENTRATE	PROLIXIN ORAL
FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION	PROLIXIN INJ
FUROSEMIDE VIAL 100 MG/10 ML INJECTION	LASIX
FUROSEMIDE VIAL 20 MG/2 ML INJECTION	LASIX
FUROSEMIDE VIAL 40 MG/4 ML INJECTION	LASIX
GLUCAGON KIT 1 MG INJECTION	GLUCAGEN KIT
GLUCAGON SYRINGE 1 MG INJECTION	GLUCAGON EMERGENCY KIT
HALOPERIDOL LACTATE VL 5 MG/ML INJECTION	HALDOL
LIDOCAINE 1% SYRG 10 MG/ML INJECTION	XYLOCAINE
LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN
MAGNESIUM SO4 50% VL 4 MEQ/ML INJECTION	MGSO4 INJ
METHYLPRED ACETATE SUSP 80 MG/ML INJECTION	DEPO-MEDROL
METHYLPRED ACETATE VL 40 MG/ML INJECTION	DEPO-MEDROL
METHYLPRED SOD SUCC VL (EA 1GM INJECTION	SOLU-MEDROL
METHYLPRED SOD SUCC VL 125 MG INJECTION	SOLU-MEDROL
METHYLPRED SOD SUCC VL 40 MG INJECTION	SOLU-MEDROL
METHYLPRED SOD SUCC VL 500 MG INJECTION	SOLU-MEDROL
NALOXONE HCL AMP 0.4 MG/ML INJECTION	NARCAN
NITROGLYCERIN SL 1/150 (0.4MG)	NITROSTAT
PHENYTOIN SOD VIAL 50 MG/ML INJECTION	DILANTIN
PHYTONADIONE 5 MG TABLET	MEPHYTON
PHYTONADIONE AMP 10 MG/ML INJECTION	AQUA-MEPHYTON
POTASSIUM CL VL 40MEQ INJECTION	KCL
SOD POLYSTY SULF 1 LB POWDER	KAYEXALATE PWDR
SOD POLYSTY SULF 15GM/60 ML SUSPENSION	KAYEXALATE SUSP
THIAMINE HCL 100 MG TABLET	VITAMIN B-1
THIAMINE HCL 50 MG TABLET	VITAMIN B-1
THIAMINE HCL MDV 100 MG/ML INJECTION	VITAMIN B-1

Formulary Drug List - Delaware

11. Endocrine – Metabolic Agents

Androgens (11.01)

Estrogens – Progestins (11.02)

ESTROGENS ESTERIFY 0.3 MG TABLET	ESTRATAB/MENEST
ESTROGENS ESTERIFY 0.625 MG TABLET	ESTRATAB/MENEST
ESTROGENS ESTERIFY 1.25 MG TABLET	ESTRATAB/MENEST
MEDROXYPROGESTERONE 10 MG TABLET	PROVERA
MEDROXYPROGESTERONE 2.5 MG TABLET	PROVERA
MEDROXYPROGESTERONE 5 MG TABLET	PROVERA

Insulins (11.03)

INSULIN HUM 70/30 VL 100 U/ML INJECTION	HUMULIN 70/30
INSULIN HUM NPH VL 100 U/ML INJECTION	HUMULIN NPH
INSULIN HUM REG VL 100 U/ML INJECTION	HUMULIN REG
INSULIN_GLARGINE VL 100 U/ML INJECTION	LANTUS

Hypoglycemics - Sulfonylureas (11.04.01)

GLIPIZIDE 10 MG TABLET	GLUCOTROL
GLIPIZIDE 5 MG TABLET	GLUCOTROL
GLYBURIDE 1.25 MG TABLET	MICRONASE/DIABET
GLYBURIDE 2.5 MG TABLET	MICRONASE/DIABET
GLYBURIDE 5 MG TABLET	MICRONASE/DIABET
TOLBUTAMIDE 500 MG TABLET	ORINASE

Hypoglycemics - Biguanides (11.04.02)

METFORMIN HCL 1000 MG TABLET	GLUCOPHAGE
METFORMIN HCL 500 MG TABLET	GLUCOPHAGE
METFORMIN HCL 850 MG TABLET	GLUCOPHAGE

Hypoglycemics - Thiazolidinediones (11.04.03)

Hypoglycemics - Incretin Mimetics (11.04.04)

Hypoglycemics - Combination Agents (11.04.05)

Hypoglycemics - Other Agents (11.04.06)

Thyroid Agents (11.05)

11. Endocrine – Metabolic Agents

LEVOTHYROXINE SOD 0.025 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.05 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.075 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.088 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.1 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.112 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.125 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.137 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.15 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.175 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.2 MG TABLET	SYNTHROID
LEVOTHYROXINE SOD 0.3 MG TABLET	SYNTHROID
PROPYLTHIOURACIL 50 MG TABLET	PTU

Adrenal Corticosteroids (11.06)

PREDNISONE 1 MG TABLET	DELTASONE
PREDNISONE 10 MG TABLET	DELTASONE
PREDNISONE 2.5 MG TABLET	DELTASONE
PREDNISONE 20 MG TABLET	DELTASONE
PREDNISONE 5 MG TABLET	DELTASONE
PREDNISONE DOSEPAK 10 MG TABLET	PREDNISONE
PREDNISONE DOSEPAK 5 MG TABLET	PREDNISONE
PREDNISONE- 10 MG TABLET	DELTASONE
PREDNISONE- 20 MG TABLET	DELTASONE
PREDNISONE- 5 MG TABLET	DELTASONE
TRIAMCINOLONE ACET VL 40 MG/ML INJECTION	KENALOG
TRIAMCINOLONE ACET VL 40 MG/ML INJECTION	KENALOG INJ

Osteoporosis Agents (11.07)

ALENDRONATE SODIUM 35 MG TABLET	FOSAMAX
ALENDRONATE SODIUM 70 MG TABLET	FOSAMAX

Other Endocrine - Metabolic Agents (11.08)

CALCITRIOL 0.25 MCG CAPSULE	ROCALTROL
CALCITRIOL 0.5 MCG CAPSULE	ROCALTROL
CALCITRIOL VL 1 MCG/ML INJECTION	CALCITRIOL
CALCITRIOL VL 2 MCG/ML INJECTION	CALCITRIOL
CINACALCET HCL 30 MG TABLET	SENSIPAR
CINACALCET HCL 60 MG TABLET	SENSIPAR
CINACALCET HCL 90 MG TABLET	SENSIPAR
DOXERCALCIFEROL 2 MCG/ML INJECTION	HECTOROL
GLUCOSE 40% GEL (JELLY)	GLUTOSE
PARICALCITOL VIAL 2 MCG/ML INJECTION	ZEMPLAR
PARICALCITOL VIAL 5 MCG/ML INJECTION	ZEMPLAR

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12. Gastrointestinal Agents

Aminosalicylates (12.01)

BALSALAZIDE DISODIUM 750 MG CAPSULE

COLAZAL

Antacids (12.02)

ALUMINUM HYDROX SUSP SUSPENSION

AMPHOGEL

CALCIUM CARB 500 MG TAB CHEW

TUMS

CALCIUM CARBONATE 420 MG TAB CHEW

ALCALAK

MAG/AL HYDROXIDE 150-300 MG TAB CHEW

ALAMAG/MAALOX

MAG/ALUM HYD/SIMETH TAB CHEW

MINTOX/MYLANTA

MAG/ALUM HYD/SIMETH SUSPENSION

MYLANTA/MAALOX SUSP

SIMETHICONE 80 MG TAB CHEW

GAS-X/MYLICON

SIMETHICONE 80 MG TAB CHEW

MYLANTA GAS

SIMETHICONE PROTOCOL 125 MG TAB CHEW

MYLANTA GAS

Anti-Diarrheals (12.03)

LOPERAMIDE 2 MG CAPSULE

IMODIUM

LOPERAMIDE 2 MG TABLET

IMODIUM

PINK BISMUTH 262 MG TAB CHEW

PEPTO-BISMOL

PINK BISMUTH LIQ 262 MG/15 ML SUSPENSION

PEPTO-BISMOL

Anti-Emetics (12.04)

PROCHLORPERAZINE 10 MG TABLET

COMPAZINE

PROCHLORPERAZINE 5 MG TABLET

COMPAZINE

PROCHLORPERAZINE MAL 25 MG SUPPOSITORY

COMPAZINE

PROMETHAZINE 6.25 MG/5 ML SYRUP

PHENERGAN SYRUP

PROMETHAZINE HCL 12.5 MG TABLET

PHENERGAN

PROMETHAZINE HCL 25 MG TABLET

PHENERGAN

PROMETHAZINE HCL 50 MG TABLET

PHENERGAN

PROMETHAZINE HCL VIAL 25 MG/ML INJECTION

PHENERGAN

PROMETHAZINE HCL VIAL 50 MG/ML INJECTION

PHENERGAN INJ

PROMETHAZINE- 25 MG SUPPOSITORY

PHENERGAN

PROMETHAZINE- 50 MG SUPPOSITORY

PHENERGAN

Cathartics / Laxatives (12.05)

BISACODYL 10 MG SUPPOSITORY

DULCOLAX SUPP

BISACODYL 5 MG TAB EC

DULCOLAX

BISACODYL 5 MG TABLET

DULCOLAX

CALCIUM POLYCARB 625 MG TABLET

FIBERNORM

DOCUSATE SOD 10 MG/ML LIQUID

COLACE LIQUID

DOCUSATE SOD 100 MG CAPSULE

COLACE

DOCUSATE SOD 50 MG CAPSULE

COLACE

DOCUSATE SOD PROTOCOL 100 MG CAPSULE

COLACE

FLEET PREP KIT #1 KIT

FLEET PREP KIT

12. Gastrointestinal Agents

FLEET PREP KIT #3 KIT	FLEET PREP KIT
LACTULOSE 10GM/15 ML SOLUTION	CHRONULAC
LACTULOSE 10GM/15 ML SYRUP	CHRONULAC
MAGNESIUM CITRATE SOLUTION	CITRATE OF MAG
MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION	MOM
MINERAL OIL ENEMA	FLEET M.O.
MINERAL OIL OIL	MINERAL OIL
PEG/ELECTROLYTE SOLUTION	GOLYTELY
SOD PHOS/BIPHOS ORAL SOLUTION	FLEET PHOSPHA-SODA
SODIUM PHOSPHATE ENEMA ENEMA	FLEET ENEMA

Digestive Enzymes (12.06)

PANCREATIC ENZ EC 4-20-25	PANCREASE/ULTRAS
PANCREATIC ENZYME 8-30-30 TABLET	VIOKASE 8

GI Motility Agents (12.07)

DICYCLOMINE HCL 10 MG CAPSULE	BENTYL
DICYCLOMINE HCL 20 MG TABLET	BENTYL
METOCLOPRAMIDE 10 MG TABLET	REGLAN
METOCLOPRAMIDE 5 MG TABLET	REGLAN

Hepatitis Medications - Hepatitis B Agents (12.08.01)

LAMIVUDINE 100 MG TABLET	EPIVIR HBV
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Hepatitis Medications - Hepatitis C Agents (12.08.02)

PEGINTERFERON A-2A 180 MCG/ML INJECTION	PEGASYS VIAL
RIBAVIRIN 200 MG CAPSULE	RIBASPHERE

Histamine-2 Receptor Antagonists (H2RAs) (12.09)

CIMETIDINE LIQUID 300 MG/5 ML SOLUTION	TAGAMET LIQUID
RANITIDINE HCL 150 MG TABLET	ZANTAC
RANITIDINE HCL 300 MG TABLET	ZANTAC

Proton Pump Inhibitors (PPIs) (12.10)

OMEPRazole 20 MG CAP DELAY-REL	PRILOSEC
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Other GI Agents (12.11)

SEVELAMER CARBONATE 800 MG TABLET	RENVELA
SIMETHICONE 80 MG TAB CHEW	GAS-X/MYLICON
SIMETHICONE 80 MG TAB CHEW	MYLANTA GAS
SIMETHICONE PROTOCOL 125 MG TAB CHEW	MYLANTA GAS

Hemorrhoidal Agents (12.12)

DIBUCAINE 1% OINTMENT	NUPERCAINAL
HEMORRHOIDAL HC 1% OINTMENT	ANUSOL-HC/1
HEMORRHOIDAL HC 2.5% CREAM	PROCTOSOL-HC

12. Gastrointestinal Agents

HEMORRHOIDAL HC 25 MG SUPPOSITORY
HEMORRHOIDAL PLAIN OINTMENT
HEMORRHOIDAL PLAIN SUPPOSITORY
HYDROCORTISONE CR 1%
HYDROCORTISONE LOT 1%
HYDROCORTISONE OINT 1%

ANUSOL-HC
FORMULATION R
ANUSOL/VERSAL
HYTONE
HYTONE
HYTONE

Formulary Drug List - Delaware

13. Genitourinary Agents

Benign Prostatic Hypertrophy Agents (13.01)

DOXAZOSIN MESYLATE 1 MG TABLET	CARDURA
DOXAZOSIN MESYLATE 4 MG TABLET	CARDURA
DOXAZOSIN MESYLATE 8 MG TABLET	CARDURA
TERAZOSIN HCL 1 MG CAPSULE	HYTRIN
TERAZOSIN HCL 10 MG CAPSULE	HYTRIN
TERAZOSIN HCL 2 MG CAPSULE	HYTRIN
TERAZOSIN HCL 5 MG CAPSULE	HYTRIN

Other GU Agents (13.02)

BETHANECHOL 10 MG TABLET	URECHOLINE
BETHANECHOL 25 MG TABLET	URECHOLINE
BETHANECHOL 5 MG TABLET	URECHOLINE
OXYBUTYNIN CHLORIDE 5 MG TABLET	DITROPAN
PHENAZOPYRIDINE HCL 100 MG TABLET	PYRIDIUM
PHENAZOPYRIDINE HCL 200 MG TABLET	PYRIDIUM
SOD BICARBONATE 325 MG TABLET	SODIUM BICARB
SOD BICARBONATE 650 MG TABLET	SODIUM BICARB

Formulary Drug List - Delaware

14. Hematological Agents

Hematological Agents (14.01)

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15. Immunosuppressants

Immunosuppressants (15.01)

AZATHIOPRINE 50 MG TABLET

IMURAN

Formulary Drug List - Delaware

16. Neurological Agents

Alzheimer's Agents (16.01)

Anticonvulsants (16.02)

CARBAMAZEPINE 100 MG TAB CHEW	TEGRETOL
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	TEGRETOL
CARBAMAZEPINE 200 MG TABLET	TEGRETOL
DIVALPROEX SODIUM 125 MG TAB EC	DEPAKOTE
DIVALPROEX SODIUM 250 MG TAB EC	DEPAKOTE
DIVALPROEX SODIUM 500 MG TAB EC	DEPAKOTE
GABAPENTIN 100 MG CAPSULE	NEURONTIN
GABAPENTIN 250 MG/5 ML SOLUTION	NEURONTIN SOLN
GABAPENTIN 300 MG CAPSULE	NEURONTIN
GABAPENTIN 400 MG CAPSULE	NEURONTIN
GABAPENTIN 600 MG TABLET	NEURONTIN
GABAPENTIN 800 MG TABLET	NEURONTIN
LAMOTRIGINE 100 MG TABLET	LAMICTAL
LAMOTRIGINE 150 MG TABLET	LAMICTAL
LAMOTRIGINE 200 MG TABLET	LAMICTAL
LAMOTRIGINE 25 MG TABLET	LAMICTAL
PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL
PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL
PHENOBARBITAL- VIAL 130 MG/ML INJECTION	PHENOBARBITAL
PHENOBARBITAL-VIAL 65 MG/ML INJECTION	PHENOBARBITAL
PHENYTOIN 125 MG/5 ML SUSPENSION	DILANTIN-125
PHENYTOIN 50 MG TABLET	DILANTIN INFATAB
PHENYTOIN SOD *EXT* 100 MG CAPSULE	DILANTIN
PHENYTOIN SOD *EXT* 30 MG CAPSULE	DILANTIN
VALPROIC ACID 250 MG CAPSULE	DEPAKENE
VALPROIC ACID 250 MG/5 ML SYRUP	DEPAKENE SYRUP

Anti-Parkinsons Agents (16.03)

AMANTADINE HCL 100 MG CAPSULE	SYMMETREL
AMANTADINE HCL 50 MG/5 ML SYRUP	SYMMETREL
BENZTROPINE MES 0.5 MG TABLET	COGENTIN
BENZTROPINE MES 1 MG TABLET	COGENTIN
BENZTROPINE MES 2 MG TABLET	COGENTIN
BENZTROPINE MES VL/AMP 1 MG/ML INJECTION	COGENTIN INJ
CARBIDOPA/LEVODOPA 10-100 MG TABLET	SINEMET
CARBIDOPA/LEVODOPA 25-100 MG TABLET	SINEMET
CARBIDOPA/LEVODOPA 25-250 MG TABLET	SINEMET

16. Neurological Agents

Multiple Sclerosis Agents (16.04)

Other Neuro Agents (16.05)

CARBAMAZEPINE 100 MG TAB CHEW	TEGRETOL
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	TEGRETOL
CARBAMAZEPINE 200 MG TABLET	TEGRETOL
DIVALPROEX SODIUM 125 MG TAB EC	DEPAKOTE
DIVALPROEX SODIUM 250 MG TAB EC	DEPAKOTE
DIVALPROEX SODIUM 500 MG TAB EC	DEPAKOTE
LAMOTRIGINE 100 MG TABLET	LAMICTAL
LAMOTRIGINE 150 MG TABLET	LAMICTAL
LAMOTRIGINE 200 MG TABLET	LAMICTAL
LAMOTRIGINE 25 MG TABLET	LAMICTAL
MECLIZINE HCL 12.5 MG TABLET	ANTIVERT
MECLIZINE HCL 25 MG TABLET	ANTIVERT
VALPROIC ACID 250 MG CAPSULE	DEPAKENE
VALPROIC ACID 250 MG/5 ML SYRUP	DEPAKENE SYRUP

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17. Obstetric – Gynecologic Agents

Contraceptives (17.01)

NORETH/ESTRAD 1-0.035 MG TABLET
NORETH/MESTRAN 1-0.050 MG TABLET

ORTHO-NOVUM 1/35
ORTHO-NOVUM 1/50

Anti-Infectives (17.02)

CLOTRIMAZOLE VAG 200 MG TABLET
CLOTRIMAZOLE VAGINAL 1% CREAM
METRONIDAZOLE-VAG 0.75% GEL (JELLY)
MICONAZOLE VAGINAL 100 MG SUPPOSITORY

GYNE-LOTTRIMIN
GYNE LOTTRIMIN
METROGEL/VANDAZOLE VAGINAL
MONISTAT 7

Other OB Agents (17.03)

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18. Otic – Ophthalmic Preparations

Anti-Glaucoma Agents (18.01)

BRIMONIDINE SOLN 0.2% OPHTHALMIC	ALPHAGAN
DORZOLAMIDE O/S 2% OPHTHALMIC	TRUSOPT OPHTH
LATANOPROST O/S 0.005% OPHTHALMIC	XALATAN
LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC	BETAGAN OPHTH
LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC	BETAGAN OPHTH
METIPRANOLOL O/S 0.3% OPHTHALMIC	OPTIPRANOLOL OPH
PILOCARPINE HCL O/S 0.5% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 1% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 2% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 3% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 4% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 6% OPHTHALMIC	ISOPTO CARPINE
TIMOLOL MAL SOLN 0.25% OPHTHALMIC	TIMOPTIC
TIMOLOL MAL SOLN 0.5% OPHTHALMIC	TIMOPTIC

Antihistamines / Decongestants (18.02)

NAPHAZOLINE EYE DROPS 0.012% OPHTHALMIC	NAPHCON
NAPHAZOLINE/PHENIR O/S OPHTHALMIC	VISINE-A / NAPHCON-A

Anti-Infective Agents (18.03)

BACITRACIN OINT 500U/G OPHTHALMIC	BACITRACIN OPHTH
ERYTHROMYCIN EYE 0.5% OINTMENT	ILOTYCIN OPHTH
GENTAMICIN O/S 0.3% OPHTHALMIC	GARAMYCIN EYE DROPS
GENTAMICIN OPHTH 0.3% OINTMENT	GARAMYCIN OPHTH
NEOMY/BAC/POLY EYE OINTMENT	NEOSPORIN OPHTH
NEOMY/POLY B/GRAM SOL OPHTHALMIC	NEOSPORIN
NEOMY/POLYMYX/DEX EYE OINTMENT	MAXITROL OPHTH
NEOMY/POLYMYX/DEX O/S OPHTHALMIC	MAXITROL/DEXACID
POLYMYXIN B/TRIMETH O/S OPHTHALMIC	POLYTRIM OPHTH
SULFACETAMIDE SOD O/S 10% OPHTHALMIC	SULAMYD OPHTH
TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC	TOBREX OPHTH
TOBRAMYCIN OINT 0.3% OPHTHALMIC	TOBREX

Anti-Inflammatory Agents (18.04)

KETOTIFEN O/S 0.025% OPHTHALMIC	ZADITOR OPHTH
PREDNISOLONE ACET O/S 1% OPHTHALMIC	PRED FORTE SUSP

Otic Preparations (18.05)

ACETIC ACID-HC SOLN OTIC	VOSOL-HC
ACETIC ACID/AL ACET OTIC 2% OTIC	DOMEBORO OTIC
ANTIPYRINE/BENZO OTIC	AURALGAN/ AURODEX
CARBAMIDE PEROXIDE OTIC 6.5% OTIC	DEBROX EAR DROPS

18. Otic – Ophthalmic Preparations

NEOMY/POLYMX/HC SOLN OTIC
NEOMY/POLYMX/HC SUSP OTIC

CORTISPORIN OTIC
CORTISPORIN OTIC

Other Otic-Ophthalmic Agents (18.06)

ARTIFICIAL TEARS 1.4% OPHTHALMIC
EYE PROSTH CLEAN AGENT 0.25% OPHTHALMIC
EYE WASH IRRG OPHTHALMIC
FLUORESCEIN NA/BENOX O/S OPHTHALMIC
FLUORESCEIN SOD STRIP 1 MG STRIP
HOMATROPINE HBR O/S 2% OPHTHALMIC
HOMATROPINE HBR O/S 5% OPHTHALMIC
PROPARACAINE HCL O/S 0.5% OPHTHALMIC
TROPICAMIDE EYE DROPS (15ML 1% OPHTHALMIC
TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC
WHITE PETROLATUM OPHTH OINTMENT

LIQUIFILM TEARS
ENUCLENE
DACRIOSE
FLURESS
FUL-GLO
ISOPTO HOMATROP
ISOPTO HOMATROPINE
OPHTHETIC
MYDRIACYL OPHTH
MYDRIACYL
LACRILUBE OPHTH

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19. Respiratory Agents

Anticholinergics (19.01)

IPRATROPIUM BROM 17 MCG INHALER

ATROVENT HFA

Beta Agonists (19.02)

ALBUTEROL 2 MG TABLET

PROVENTIL

ALBUTEROL 4 MG TABLET

PROVENTIL

ALBUTEROL HFA AEROSOL

VENTOLIN HFA

ALBUTEROL INH SOL 0.083% NEBULIZE SOLN

PROVENTIL

ALBUTEROL INH SOL 0.5% NEBULIZE SOLN

PROVENTIL

ALBUTEROL SYRUP 2 MG/5ML SYRUP

PROVENTIL

EPINEPHRINE VIAL 1:1000 INJECTION

ADRENALIN

Inhaled Oral Steroids (19.03)

BECLOMETHASONE INHALER 40 MCG AEROSOL

QVAR

BECLOMETHASONE INHALER 80 MCG AEROSOL

QVAR

Nasal Sprays (19.04)

SOD CHL NASAL SPRAY 0.65%

OCEAN/DEEP SEA

Combination Products (19.05)

Other Respiratory Agents (19.06)

AMINOPHYLLINE VL 500 MG/20 ML INJECTION

AMINOPHYLLINE

THEOPHYLLINE 100 MG TAB SR 12 HR

THEO-DUR

THEOPHYLLINE 200 MG TAB SR 12 HR

THEO-DUR

THEOPHYLLINE 300 MG TAB SR 12 HR

THEO-DUR

THEOPHYLLINE 450 MG TAB SR 12 HR

THEO-DUR

THEOPHYLLINE ELIX 80 MG/15 ML ELIXIR

ELIXOPHYLLIN

Formulary Drug List - Delaware

20. Vaccines

Vaccines - Exposure Immune Globulin (20.01)

PNEUMOCOCCAL VACC MDV INJECTION
PNEUMOCOCCAL VACC SDV INJECTION
TETANUS DIPHTHERIA TOX INJECTION

PNEUMOVAX
PNEUMOVAX
DECAVAC

Formulary Drug List - Delaware

21. Vitamins – Minerals – Dietary Supplements

Vitamins – Minerals – Dietary Supplements (21.01)

CALCIUM - VIT D 250 MG TABLET	OSCAL-D 250MG
CALCIUM /VIT D 500 MG/200 MG TABLET	OSCAL-D 500
CALCIUM ACETATE GEL CAP 667 MG CAPSULE	PHOSLO
CALCIUM CARB 1500MG/VIT D 1500 MG TABLET	CALCARB 600 + D
CALCIUM CARBONATE 1250 MG TABLET	OSCAL
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE
CYANOCOBALAMIN 1000 MCG/ML INJECTION	VITAMIN B-12
FERROUS SULFATE 325 MG TAB EC	FESO4 (65MG FE)
FOLIC ACID 1 MG TABLET	FOLIC ACID
IRON DEXTRAN COMP 50 MG/ML SOLUTION	INFED
IRON POLYSAC COMP UD 150 MG CAPSULE	NIFEREX 150
IRON SUCROSE VL 20 MG/ML INJECTION	VENOFER INJ
LANTHANUM CARB 500 MG TAB CHEW	FOSRENOL
MULTIVITAMIN TABLET	ONE-A-DAY VIT
MULTIVITAMIN W/IRON TABLET	ONE-A-DAY W/IRON
PHYTONADIONE 5 MG TABLET	MEPHYTON
PHYTONADIONE AMP 10 MG/ML INJECTION	AQUA-MEPHYTON
POTASSIUM CL 10MEQ TAB CR	K-DUR
POTASSIUM CL 20MEQ PACK	K-LOR POWD PKT
POTASSIUM CL 40MEQ/15 ML LIQUID	KAON-CL
POTASSIUM CL 8MEQ TAB CR	SLOW-K
POTASSIUM CL VL 40MEQ INJECTION	KCL
PRENATAL VIT TABLET	PRENATAL VIT
PYRIDOXINE HCL 100 MG TABLET	VITAMIN B-6
PYRIDOXINE HCL 25 MG TABLET	VITAMIN B-6
PYRIDOXINE HCL 50 MG TABLET	VITAMIN B-6
THIAMINE HCL 100 MG TABLET	VITAMIN B-1
THIAMINE HCL 50 MG TABLET	VITAMIN B-1
THIAMINE HCL MDV 100 MG/ML INJECTION	VITAMIN B-1
VITAMIN B COMP W-C/FA TABLET	NEPHRO-VITE
VITAMIN E 400 IU CAPSULE	VITAMIN E

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22. Miscellaneous and Unclassified Agents

Miscellaneous and Unclassified Agents (22.01)

BUPIVACAINE HCL VL 0.25% INJECTION
BUPIVACAINE HCL VL 0.5% INJECTION
BUPIVACAINE HCL/EPI VL 0.25% INJECTION
BUPIVACAINE HCL/EPI VL 0.5% INJECTION
LIDOCAINE 1% VIAL 10 MG/ML INJECTION
LIDOCAINE 2% VL 20 MG/ML INJECTION
LIDOCAINE 2% W/EPI VL 20 MG/ML INJECTION

MARCAINE
MARCAINE
MARCAINE EPI
MARCAINE EPI
XYLOCAINE
XYLOCAINE
XYLOCAINE W/EPI

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Product Name	Equivalent Brand Name	Therapy Section
ABACAV-3TC-AZT 300-150-300 TABLET	TRIZIVIR	03.09.06
ABACAVIR 300 MG TABLET	ZIAGEN	03.09.04
ABACAVIR ORAL SOLN 20 MG/ML SOLUTION	ZIAGEN	03.09.04
ABACAVIR/LAMIVUDINE 600-300 MG TABLET	EPZICOM	03.09.06
ABSORBASE CREAM	EUCERIN	08.06
ACETAZOLAMIDE 250 MG TABLET	DIAMOX	05.10
ACETAZOLAMIDE 500 MG CAP CR	DIAMOX SEQUEL	05.10
ACETIC ACID-HC SOLN OTIC	VOSOL-HC	18.05
ACETIC ACID/AL ACET OTIC 2% OTIC	DOMEBORO OTIC	18.05
ALBUTEROL 2 MG TABLET	PROVENTIL	19.02
ALBUTEROL 4 MG TABLET	PROVENTIL	19.02
ALBUTEROL HFA AEROSOL	VENTOLIN HFA	19.02
ALBUTEROL INH SOL 0.083% NEBULIZE SOLN	PROVENTIL	19.02
ALBUTEROL INH SOL 0.5% NEBULIZE SOLN	PROVENTIL	19.02
ALBUTEROL SYRUP 2 MG/5ML SYRUP	PROVENTIL	19.02
ALENDRONATE SODIUM 35 MG TABLET	FOSAMAX	11.07
ALENDRONATE SODIUM 70 MG TABLET	FOSAMAX	11.07
ALLOPURINOL 100 MG TABLET	ZYLOPRIM	01.02
ALLOPURINOL 300 MG TABLET	ZYLOPRIM	01.02
ALUMINUM HYDROX SUSP SUSPENSION	AMPHOGEL	12.02
AMANTADINE HCL 100 MG CAPSULE	SYMMETREL	03.06
AMANTADINE HCL 100 MG CAPSULE	SYMMETREL	16.03
AMANTADINE HCL 50 MG/5 ML SYRUP	SYMMETREL	03.06
AMANTADINE HCL 50 MG/5 ML SYRUP	SYMMETREL	16.03
AMINOPHYLLINE VL 500 MG/20 ML INJECTION	AMINOPHYLLINE	19.06
AMIODARONE HCL 200 MG TABLET	CORDARONE	05.04.04
AMITRIPTYLINE 150 MG TABLET	ELAVIL	01.05
AMITRIPTYLINE HCL 10 MG TABLET	ELAVIL	01.05
AMITRIPTYLINE HCL 100 MG TABLET	ELAVIL	01.05
AMITRIPTYLINE HCL 25 MG TABLET	ELAVIL	01.05
AMITRIPTYLINE HCL 50 MG TABLET	ELAVIL	01.05
AMITRIPTYLINE HCL 75 MG TABLET	ELAVIL	01.05
AMLODIPINE BESYLATE 10 MG TABLET	NORVASC	05.07.01
AMLODIPINE BESYLATE 2.5 MG TABLET	NORVASC	05.07.01
AMLODIPINE BESYLATE 5 MG TABLET	NORVASC	05.07.01
AMOXICILLIN 250 MG CAPSULE	AMOXIL	03.11
AMOXICILLIN 250 MG/5 ML SUSPENSION	AMOXIL	03.11
AMOXICILLIN 500 MG CAPSULE	AMOXIL	03.11
AMOXICILLIN/CLAV 500-125 MG TABLET	AUGMENTIN	03.11
AMOXICILLIN/CLAV 875-125 MG TABLET	AUGMENTIN	03.11
AMPICILLIN ADVANTAGE 2GM INJECTION	AMPICILLIN	03.11
AMPICILLIN VIAL 1GM INJECTION	AMPICILLIN	03.11
AMPICILLIN VIAL 2GM INJECTION	AMPICILLIN	03.11
ANALGESIC BALM OINTMENT	ANALGESIC BALM	08.09
ANTIPYRINE/BENZO OTIC	AURALGAN/ AURODEX	18.05
APAP 325 MG TABLET	TYLENOL	01.01
APAP ELIXIR 160 MG/5 ML ELIXIR	TYLENOL	01.01
APAP ELXIR 160 MG/5 ML ELIXIR	TYLENOL	01.01
APAP HOSP PKT 325 MG TABLET	TYLENOL	01.01
APAP SUPPOSITORY 325 MG SUPPOSITORY	TYLENOL	01.01
APAP SUPPOSITORY 650 MG SUPPOSITORY	TYLENOL SUPP	01.01

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Product Name	Equivalent Brand Name	Therapy Section
APAP-ASA-CAFFEINE 250-250-65 MG TABLET	EXCEDRIN MIGRAINE	01.03
APAP/ASA/CAFF 250-250-65 MG TABLET	EXCEDRIN MIGRAINE	01.03
APAP/CAFF/BUTAL 325-40-50 MG TABLET	FIORICET	01.09
ARTIFICIAL TEARS 1.4% OPTHALMIC	LIQUIFILM TEARS	18.06
ASA 325 MG TAB EC	ECOTRIN	01.07
ASPIRIN 325 MG TABLET	ASA FC	01.07
ASPIRIN 325MG 325 MG TABLET	ASPIRIN	01.07
ASPIRIN EC 81 MG TAB EC	ECOTRIN	01.07
ATAZANAVIR SULFATE 150 MG CAPSULE	REYATAZ	03.09.05
ATAZANAVIR SULFATE 200 MG CAPSULE	REYATAZ	03.09.05
ATAZANAVIR SULFATE 300 MG CAPSULE	REYATAZ	03.09.05
ATENOLOL 100 MG TABLET	TENORMIN	05.06.01
ATENOLOL 25 MG TABLET	TENORMIN	05.06.01
ATENOLOL 50 MG TABLET	TENORMIN	05.06.01
ATROPINE SYRINGE 0.1 MG/ML INJECTION	ATROPINE SULFATE	10.01
ATROPINE VIAL 0.4 MG/ML INJECTION	ATROPINE INJ	10.01
ATROPINE VIAL 0.4 MG/ML INJECTION	ATROPINE SULFATE	10.01
AZATHIOPRINE 50 MG TABLET	IMURAN	15.01
AZITHROMYCIN 600 MG TABLET	ZITHROMAX	03.09.07
AZITHROMYCIN 600 MG TABLET	ZITHROMAX	03.10
BACITRACIN 500U/G OINTMENT	BACITRACIN	08.03
BACITRACIN OINT 500U/G OPTHALMIC	BACITRACIN OPHTH	18.03
BACITRACIN PKT 500U/G OINTMENT	BACITRACIN	08.03
BACITRACIN/POLYMYXIN B OINTMENT	POLYSPORIN	08.03
BACITRACIN/POLYSPORIN OINTMENT	POLYSPORIN	08.03
BACLOFEN 10 MG TABLET	LIORESAL	01.08
BACLOFEN 20 MG TABLET	LIORESAL	01.08
BALSALAZIDE DISODIUM 750 MG CAPSULE	COLAZAL	12.01
BECLOMETHASONE INHALER 40 MCG AEROSOL	QVAR	19.03
BECLOMETHASONE INHALER 80 MCG AEROSOL	QVAR	19.03
BENZOYL PEROXIDE 10% GEL (JELLY)	BENZAGEL	08.01
BENZOYL PEROXIDE 5% GEL (JELLY)	BENZAGEL	08.01
BENZTROPINE MES 0.5 MG TABLET	COGENTIN	06.07
BENZTROPINE MES 0.5 MG TABLET	COGENTIN	16.03
BENZTROPINE MES 1 MG TABLET	COGENTIN	06.07
BENZTROPINE MES 1 MG TABLET	COGENTIN	16.03
BENZTROPINE MES 2 MG TABLET	COGENTIN	06.07
BENZTROPINE MES 2 MG TABLET	COGENTIN	16.03
BENZTROPINE MES VL/AMP 1 MG/ML INJECTION	COGENTIN INJ	06.07
BENZTROPINE MES VL/AMP 1 MG/ML INJECTION	COGENTIN INJ	16.03
BETHANECHOL 10 MG TABLET	URECHOLINE	13.02
BETHANECHOL 25 MG TABLET	URECHOLINE	13.02
BETHANECHOL 5 MG TABLET	URECHOLINE	13.02
BISACODYL 10 MG SUPPOSITORY	DULCOLAX SUPP	12.05
BISACODYL 5 MG TAB EC	DULCOLAX	12.05
BISACODYL 5 MG TABLET	DULCOLAX	12.05
BRIMONIDINE SOLN 0.2% OPTHALMIC	ALPHAGAN	18.01
BUPIVACAINE HCL VL 0.25% INJECTION	MARCAINE	22.01
BUPIVACAINE HCL VL 0.5% INJECTION	MARCAINE	22.01
BUPIVACAINE HCL/EPI VL 0.25% INJECTION	MARCAINE EPI	22.01
BUPIVACAINE HCL/EPI VL 0.5% INJECTION	MARCAINE EPI	22.01

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Product Name	Equivalent Brand Name	Therapy Section
BUPROPION HCL 100 MG TABLET	WELLBUTRIN	06.01.03
BUPROPION HCL 75 MG TABLET	WELLBUTRIN	06.01.03
BUPROPION HCL SR 100 MG TAB CR	WELLBUTRIN SR	06.01.03
BUPROPION HCL SR 150 MG TAB CR	WELLBUTRIN SR	06.01.03
BUPROPION HCL SR 200 MG TAB CR	WELLBUTRIN SR	06.01.03
CALAMINE LOTION LOTION	CALAMINE LOTION	08.05
CALCITRIOL 0.25 MCG CAPSULE	ROCALTROL	11.08
CALCITRIOL 0.5 MCG CAPSULE	ROCALTROL	11.08
CALCITRIOL VL 1 MCG/ML INJECTION	CALCITRIOL	11.08
CALCITRIOL VL 2 MCG/ML INJECTION	CALCITRIOL	11.08
CALCIUM - VIT D 250 MG TABLET	OSCAL-D 250MG	21.01
CALCIUM /VIT D 500 MG/200 MG TABLET	OSCAL-D 500	21.01
CALCIUM ACET/ALUM SO4 PACK	DOMEBORO	08.09
CALCIUM ACETATE GEL CAP 667 MG CAPSULE	PHOSLO	21.01
CALCIUM CARB 1500MG/VIT D 1500 MG TABLET	CALCARB 600 + D	21.01
CALCIUM CARB 500 MG TAB CHEW	TUMS	12.02
CALCIUM CARBONATE 1250 MG TABLET	OSCAL	21.01
CALCIUM CARBONATE 420 MG TAB CHEW	ALCALAK	12.02
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE	10.01
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE	21.01
CALCIUM POLYCARB 625 MG TABLET	FIBERNORM	12.05
CAPTOPRIL 100 MG TABLET	CAPOTEN	05.02
CAPTOPRIL 12.5 MG TABLET	CAPOTEN	05.02
CAPTOPRIL 25 MG TABLET	CAPOTEN	05.02
CAPTOPRIL 50 MG TABLET	CAPOTEN	05.02
CARBAMAZEPINE 100 MG TAB CHEW	TEGRETOL	16.02
CARBAMAZEPINE 100 MG TAB CHEW	TEGRETOL	16.05
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	TEGRETOL	16.02
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	TEGRETOL	16.05
CARBAMAZEPINE 200 MG TABLET	TEGRETOL	16.02
CARBAMAZEPINE 200 MG TABLET	TEGRETOL	16.05
CARBAMIDE PEROXIDE OTIC 6.5% OTIC	DEBROX EAR DROPS	18.05
CARBIDOPA/LEVODOPA 10-100 MG TABLET	SINEMET	16.03
CARBIDOPA/LEVODOPA 25-100 MG TABLET	SINEMET	16.03
CARBIDOPA/LEVODOPA 25-250 MG TABLET	SINEMET	16.03
CARPUJECT HOLDER MISCELLANEOUS	CARPUJECT	09.01
CARVEDILOL 12.5 MG TABLET	COREG	05.06.03
CARVEDILOL 25 MG TABLET	COREG	05.06.03
CARVEDILOL 3.125 MG TABLET	COREG	05.06.03
CARVEDILOL 6.25 MG TABLET	COREG	05.06.03
CEFAZOLIN SOD 1GM INJECTION	ANCEF	03.07
CEFAZOLIN SOD VIAL 1GM INJECTION	ANCEF	03.07
CEFTRIAXONE SOD 1GM INJECTION	ROCEPHIN	03.07
CEFTRIAXONE SOD 2GM INJECTION	ROCEPHIN	03.07
CEFTRIAXONE SOD VIAL 1GM INJECTION	ROCEPHIN INJ	03.07
CEFTRIAXONE SOD VIAL 250 MG INJECTION	ROCEPHIN INJ	03.07
CEFTRIAXONE SOD VIAL 2GM INJECTION	ROCEPHIN INJ	03.07
CEFTRIAXONE SOD VIAL 500 MG INJECTION	ROCEPHIN INJ	03.07
CEPHALEXIN SUSP 250 MG/5 ML SUSPENSION	KEFLEX SUSP	03.07
CETIRIZINE HCL 10 MG TABLET	ZYRTEC	02.02
CETIRIZINE HCL 5 MG TABLET	ZYRTEC	02.02

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CHARCOAL 25GM LIQUID	CHARCOAL	10.01
CHLORDIAZEPOXIDE 10 MG CAPSULE	LIBRIUM	06.06.01
CHLORDIAZEPOXIDE 25 MG CAPSULE	LIBRIUM	06.06.01
CHLORDIAZEPOXIDE 5 MG CAPSULE	LIBRIUM	06.06.01
CHLORHEXIDINE GLUC 0.12% SOLUTION	PERIDEX	07.01
CHLORPHEN/PHENYLEPHRINE 8 MG-20 MG TAB CR	NOHIST	02.06
CHLORPHENIRAMINE 4 MG TABLET	CHLORTRIMETON	02.01
CHLORPHENIRAMINE MAL 4 MG TABLET	CHLORTRIMETON	02.01
CHLORPROMAZINE HCL 10 MG TABLET	THORAZINE	06.02.01
CHLORPROMAZINE HCL 100 MG TABLET	THORAZINE	06.02.01
CHLORPROMAZINE HCL 200 MG TABLET	THORAZINE	06.02.01
CHLORPROMAZINE HCL 25 MG TABLET	THORAZINE	06.02.01
CHLORPROMAZINE HCL 50 MG TABLET	THORAZINE	06.02.01
CHLORPROMAZINE- 25 MG/ML INJECTION	THORAZINE	06.02.01
CHLORPROMAZINE- 25 MG/ML INJECTION	THORAZINE	10.01
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE	06.02.01
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE	10.01
CHLORZOXAZONE 500 MG TABLET	PARAFON FORTE	01.08
CHOLESTYRAMINE/ASPAR POWDER	QUESTRAN LIGHT	05.05.02
CHOLESTYRAMINE/ASPARTAME PACK	QUESTRAN LIGHT	05.05.02
CIMETIDINE LIQUID 300 MG/5 ML SOLUTION	TAGAMET LIQUID	12.09
CINACALCET HCL 30 MG TABLET	SENSIPAR	11.08
CINACALCET HCL 60 MG TABLET	SENSIPAR	11.08
CINACALCET HCL 90 MG TABLET	SENSIPAR	11.08
CIPROFLOXACIN 500 MG TABLET	CIPRO	03.08
CIPROFLOXACIN HCL 250 MG TABLET	CIPRO	03.08
CIPROFLOXACIN HCL 500 MG TABLET	CIPRO	03.08
CIPROFLOXACIN HCL 750 MG TABLET	CIPRO	03.08
CIPROFLOXACIN- 500 MG TABLET	CIPRO	03.08
CITALOPRAM 10 MG TABLET	CELEXA	06.01.02
CITALOPRAM 20 MG TABLET	CELEXA	06.01.02
CITALOPRAM 40 MG TABLET	CELEXA	06.01.02
CITALOPRAM ORAL 10 MG/5 ML SOLUTION	CELEXA ORAL SOLN	06.01.02
CLINDAMYCIN HCL 150 MG CAPSULE	CLEOCIN	03.10
CLINDAMYCIN IVPB 300 MG INJECTION	CLEOCIN	03.10
CLINDAMYCIN IVPB 600 MG INJECTION	CLEOCIN IVPB	03.10
CLINDAMYCIN IVPB 900 MG INJECTION	CLEOCIN	03.10
CLINDAMYCIN PHOS ADV 600 MG/4 ML INJECTION	CLEOCIN	03.10
CLINDAMYCIN PHOS VL 150 MG/ML INJECTION	CLEOCIN INJ	03.10
CLOBETASOL PROP 0.05% CREAM	TEMOVATE	08.08.01
CLOBETASOL PROP 0.05% OINTMENT	TEMOVATE	08.08.01
CLONIDINE HCL 0.1 MG TABLET	CATAPRES	05.09
CLONIDINE HCL 0.2 MG TABLET	CATAPRES	05.09
CLONIDINE HCL 0.3 MG TABLET	CATAPRES	05.09
CLOPIDOGREL BISULFATE 75 MG TABLET	PLAVIX	05.11
CLOTRIMAZOLE 1% CREAM	LOTRIMIN/MYCELEX	08.02
CLOTRIMAZOLE 1% SOLUTION	LOTRIMIN/MYCELEX	08.02
CLOTRIMAZOLE 10 MG TROCHE	MYCELEX	03.02
CLOTRIMAZOLE VAG 200 MG TABLET	GYNE-LOTRIMIN	17.02
CLOTRIMAZOLE VAGINAL 1% CREAM	GYNE LOTRIMIN	17.02
COAL TAR SHAMPOO SHAMPOO	DOAK TAR/TERA-GEL	08.04

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COAL TAR TOPICAL 5% LOTION	DOAK TAR/MG217	08.04
CODEINE/APAP 30-300 MG TABLET	TYLENOL #3	01.04
CODEINE/APAP 30-300 MG TABLET	TYLENOL W/COD #3	01.04
CODEINE/APAP 36-360 MG ELIXIR	TYLENOL/COD ELIX	01.04
COLCHICINE 0.6 MG TABLET	COLCHICINE	01.02
CYANOCOBALAMIN 1000 MCG/ML INJECTION	VITAMIN B-12	21.01
CYPROHEPTADINE 4 MG TABLET	PERIACTIN	02.01
D5-1/2NS + KCL 20 MEQ INJECTION	D5-1/2NS + KCL	09.01
DAPSONE 100 MG TABLET	DAPSONE	03.09.07
DAPSONE 25 MG TABLET	DAPSONE	03.09.07
DARUNAVIR ETHANOLATE 400 MG TABLET	PREZISTA	03.09.05
DARUNAVIR ETHANOLATE 600 MG TABLET	PREZISTA	03.09.05
DELAVIRDINE MESYLATE 100 MG TABLET	RESCRIPTOR	03.09.03
DELAVIRDINE MESYLATE 200 MG TABLET	RESCRIPTOR	03.09.03
DESIPRAMINE 10 MG TABLET	NORPRAMIN	06.01.01
DESIPRAMINE 100 MG TABLET	NORPRAMIN	06.01.01
DESIPRAMINE 25 MG TABLET	NORPRAMIN	06.01.01
DESIPRAMINE 50 MG TABLET	NORPRAMIN	06.01.01
DESIPRAMINE 75 MG TABLET	NORPRAMIN	06.01.01
DEXAMETHASONE VIAL 4 MG/ML INJECTION	DECADRON INJ	10.01
DEXTROSE -WATER 5% INJECTION	D5-W 250ML	09.01
DEXTROSE -WATER 5% INJECTION	D5-W 1000ML	09.01
DEXTROSE -WATER 5% INJECTION	D5-W ADVANTAGE	09.01
DEXTROSE -WATER SYRINGE 50% INJECTION	D-50W	09.01
DEXTROSE -WATER VIAL 50% INJECTION	D50-W	09.01
DEXTROSE-NACL 5%-0.45% INJECTION	D5-1/2NS 1000ML	09.01
DEXTROSE-WATER 5% INJECTION	D5-W 100ML	09.01
DEXTROSE-WATER 5% INJECTION	D5-W 500ML	09.01
DEXTROSE-WATER 5% INJECTION	D5-W ADVANTAGE	09.01
DIBUCAINE 1% OINTMENT	NUPERCAINAL	12.12
DICLOXACILLIN 250 MG CAPSULE	DYNAPEN	03.11
DICLOXACILLIN 500 MG CAPSULE	DYNAPEN	03.11
DICYCLOMINE HCL 10 MG CAPSULE	BENTYL	12.07
DICYCLOMINE HCL 20 MG TABLET	BENTYL	12.07
DIDANOSINE 125 MG CAP DELAY-REL	VIDEX EC	03.09.04
DIDANOSINE 200 MG CAP DELAY-REL	VIDEX EC	03.09.04
DIDANOSINE 250 MG CAP DELAY-REL	VIDEX EC	03.09.04
DIDANOSINE 400 MG CAP DELAY-REL	VIDEX EC	03.09.04
DIDANOSINE TAB 150 MG TAB CHEW	VIDEX	03.09.04
DIDANOSINE TAB 25 MG TAB CHEW	VIDEX	03.09.04
DIDANOSINE TAB 50 MG TAB CHEW	VIDEX	03.09.04
DIGOXIN 0.125 MG TABLET	LANOXIN	05.08
DIGOXIN 0.25 MG TABLET	LANOXIN	05.08
DIGOXIN AMP 0.25 MG/ML INJECTION	LANOXIN INJ	05.08
DILTIAZEM 120 MG CAP SR 24 HR	DILACOR XR	05.07.02
DILTIAZEM 180 MG CAP SR 24 HR	DILACOR XR	05.07.02
DILTIAZEM 240 MG CAP SR 24 HR	DILACOR XR	05.07.02
DILTIAZEM 300 MG CAP SR 24 HR	CARDIZEM-CD	05.07.02
DILTIAZEM HCL 120 MG TABLET	CARDIZEM	05.07.02
DILTIAZEM HCL 30 MG TABLET	CARDIZEM	05.07.02
DILTIAZEM HCL 60 MG TABLET	CARDIZEM	05.07.02

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DILTIAZEM HCL 90 MG TABLET	CARDIZEM	05.07.02
DIPHENHYDRAMINE 25 MG CAPSULE	BENADRYL	02.01
DIPHENHYDRAMINE 50 MG CAPSULE	BENADRYL	02.01
DIPHENHYDRAMINE AF 12.5 MG/5 ML ELIXIR	BENADRYL A/F	02.01
DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION	BENADRYL	02.01
DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION	BENADRYL	10.01
DIVALPROEX SODIUM 125 MG TAB EC	DEPAKOTE	16.02
DIVALPROEX SODIUM 125 MG TAB EC	DEPAKOTE	16.05
DIVALPROEX SODIUM 250 MG TAB EC	DEPAKOTE	16.02
DIVALPROEX SODIUM 250 MG TAB EC	DEPAKOTE	16.05
DIVALPROEX SODIUM 500 MG TAB EC	DEPAKOTE	16.02
DIVALPROEX SODIUM 500 MG TAB EC	DEPAKOTE	16.05
DOCUSATE SOD 10 MG/ML LIQUID	COLACE LIQUID	12.05
DOCUSATE SOD 100 MG CAPSULE	COLACE	12.05
DOCUSATE SOD 50 MG CAPSULE	COLACE	12.05
DOCUSATE SOD PROTOCOL 100 MG CAPSULE	COLACE	12.05
DORZOLAMIDE O/S 2% OPHTHALMIC	TRUSOPT OPHTH	18.01
DOXAZOSIN MESYLATE 1 MG TABLET	CARDURA	05.01
DOXAZOSIN MESYLATE 1 MG TABLET	CARDURA	13.01
DOXAZOSIN MESYLATE 4 MG TABLET	CARDURA	05.01
DOXAZOSIN MESYLATE 4 MG TABLET	CARDURA	13.01
DOXAZOSIN MESYLATE 8 MG TABLET	CARDURA	05.01
DOXAZOSIN MESYLATE 8 MG TABLET	CARDURA	13.01
DOXEPIN HCL 10 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN HCL 100 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN HCL 150 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN HCL 25 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN HCL 50 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN HCL 75 MG CAPSULE	SINEQUAN	06.01.01
DOXEPIN ORAL SOLN 10 MG/ML CONCENTRATE	SINEQUAN	06.01.01
DOXERCALCIFEROL 2 MCG/ML INJECTION	HECTOROL	11.08
DOXYCYCLINE HYCLATE 100 MG CAPSULE	VIBRAMYCIN	03.13
DOXYCYCLINE HYCLATE 50 MG CAPSULE	VIBRAMYCIN	03.13
EFAVIR/EMTRICIT/TENOFOV 600-200-300 MG TABLET	ATRIPLA	03.09.06
EFAVIRENZ 200 MG CAPSULE	SUSTIVA	03.09.03
EFAVIRENZ 600 MG TABLET	SUSTIVA	03.09.03
EMTRICITRABINE 200 MG CAPSULE	EMTRIVA	03.09.04
EMTRICTABINE/TENOFOVIR 200-300 MG TABLET	TRUVADA	03.09.06
ENALAPRIL MALEATE 10 MG TABLET	VASOTEC	05.02
ENALAPRIL MALEATE 2.5 MG TABLET	VASOTEC	05.02
ENALAPRIL MALEATE 20 MG TABLET	VASOTEC	05.02
ENALAPRIL MALEATE 5 MG TABLET	VASOTEC	05.02
EPINEPHRINE VIAL 1:1000 INJECTION	ADRENALIN	10.01
EPINEPHRINE VIAL 1:1000 INJECTION	ADRENALIN	19.02
ERGOTAMINE TART/CAFF 1/100 MG TABLET	CAFERGOT	01.03
ERYTHROMYCIN 250 MG TAB EC	ERY-TAB	03.10
ERYTHROMYCIN 333 MG TAB EC	ERY-TAB	03.10
ERYTHROMYCIN 500 MG TABLET	ERY-TAB	03.10
ERYTHROMYCIN ETHYL 400 MG TABLET	EES 400	03.10
ERYTHROMYCIN EYE 0.5% OINTMENT	ILOTYCIN OPHTH	18.03
ERYTHROMYCIN LACTO 1 GRAM INJECTION	ERYTHROMYCIN	03.10

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ERYTHROMYCIN LACTO ADV 500 MG INJECTION	ERYTHROMYCIN ADV	03.10
ERYTHROMYCIN TOPICAL 2% SOLUTION	ERYMAX / ERYDERM	08.01
ESTROGENS ESTERIFY 0.3 MG TABLET	ESTRATAB/MENEST	11.02
ESTROGENS ESTERIFY 0.625 MG TABLET	ESTRATAB/MENEST	11.02
ESTROGENS ESTERIFY 1.25 MG TABLET	ESTRATAB/MENEST	11.02
ETHAMBUTOL HCL 100 MG TABLET	MYAMBUTOL	03.05
ETHAMBUTOL HCL 400 MG TABLET	MYAMBUTOL	03.05
ETRAVIRINE 100 MG TABLET	INTELENCE	03.09.03
EYE PROSTH CLEAN AGENT 0.25% OPHTHALMIC	ENUCLENE	18.06
EYE WASH IRRG OPHTHALMIC	DACRIOSE	18.06
FERROUS SULFATE 325 MG TAB EC	FESO4 (65MG FE)	21.01
FLEET PREP KIT #1 KIT	FLEET PREP KIT	12.05
FLEET PREP KIT #3 KIT	FLEET PREP KIT	12.05
FLUCONAZOLE 100 MG TABLET	DIFLUCAN	03.02
FLUCONAZOLE 150 MG TABLET	DIFLUCAN	03.02
FLUCONAZOLE 200 MG TABLET	DIFLUCAN	03.02
FLUOCINOLONE 0.01% CREAM	SYNALAR	08.08.03
FLUOCINOLONE 0.01% CREAM	SYNALAR	08.08.04
FLUOCINOLONE 0.01% SOLUTION	SYNALAR	08.08.03
FLUOCINOLONE 0.01% SOLUTION	SYNALAR	08.08.04
FLUOCINOLONE 0.025% CREAM	SYNALAR	08.08.03
FLUOCINOLONE 0.025% CREAM	SYNALAR	08.08.04
FLUOCINOLONE 0.025% OINTMENT	SYNALAR	08.08.03
FLUOCINOLONE 0.025% OINTMENT	SYNALAR	08.08.04
FLUORESCEIN NA/BENOX O/S OPHTHALMIC	FLURESS	18.06
FLUORESCEIN SOD STRIP 1 MG STRIP	FUL-GLO	18.06
FLUOXETINE 10 MG CAPSULE	PROZAC	06.01.02
FLUOXETINE 20 MG CAPSULE	PROZAC	06.01.02
FLUOXETINE SOLN 20 MG/5 ML LIQUID	PROZAC	06.01.02
FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR	06.02.01
FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR	10.01
FLUPHENAZINE 5 MG/ML CONCENTRATE	PROLIXIN ORAL	06.02.01
FLUPHENAZINE 5 MG/ML CONCENTRATE	PROLIXIN ORAL	10.01
FLUPHENAZINE DECON VL 25 MG/ML INJECTION	PROLIXIN INJ	06.02.01
FLUPHENAZINE HCL 1 MG TABLET	PROLIXIN	06.02.01
FLUPHENAZINE HCL 10 MG TABLET	PROLIXIN	06.02.01
FLUPHENAZINE HCL 2.5 MG TABLET	PROLIXIN	06.02.01
FLUPHENAZINE HCL 5 MG TABLET	PROLIXIN	06.02.01
FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION	PROLIXIN INJ	06.02.01
FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION	PROLIXIN INJ	10.01
FOLIC ACID 1 MG TABLET	FOLIC ACID	21.01
FOSAMPRENAVIR CA 700 MG TABLET	LEXIVA	03.09.05
FUROSEMIDE 20 MG TABLET	LASIX	05.10
FUROSEMIDE 40 MG TABLET	LASIX	05.10
FUROSEMIDE 80 MG TABLET	LASIX	05.10
FUROSEMIDE VIAL 100 MG/10 ML INJECTION	LASIX	05.10
FUROSEMIDE VIAL 100 MG/10 ML INJECTION	LASIX	10.01
FUROSEMIDE VIAL 20 MG/2 ML INJECTION	LASIX	05.10
FUROSEMIDE VIAL 20 MG/2 ML INJECTION	LASIX	10.01
FUROSEMIDE VIAL 40 MG/4 ML INJECTION	LASIX	05.10
FUROSEMIDE VIAL 40 MG/4 ML INJECTION	LASIX	10.01

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GABAPENTIN 100 MG CAPSULE	NEURONTIN	01.05
GABAPENTIN 100 MG CAPSULE	NEURONTIN	16.02
GABAPENTIN 250 MG/5 ML SOLUTION	NEURONTIN SOLN	01.05
GABAPENTIN 250 MG/5 ML SOLUTION	NEURONTIN SOLN	16.02
GABAPENTIN 300 MG CAPSULE	NEURONTIN	01.05
GABAPENTIN 300 MG CAPSULE	NEURONTIN	16.02
GABAPENTIN 400 MG CAPSULE	NEURONTIN	01.05
GABAPENTIN 400 MG CAPSULE	NEURONTIN	16.02
GABAPENTIN 600 MG TABLET	NEURONTIN	01.05
GABAPENTIN 600 MG TABLET	NEURONTIN	16.02
GABAPENTIN 800 MG TABLET	NEURONTIN	01.05
GABAPENTIN 800 MG TABLET	NEURONTIN	16.02
GANCICLOVIR VIAL 500 MG INJECTION	CYTOVENE INJ	03.06
GEMFIBROZIL 600 MG TABLET	LOPID	05.05.02
GENTAMICIN 80 MG/NS100 ML INJECTION	GARAMYCIN IVPB	03.01
GENTAMICIN O/S 0.3% OPHTHALMIC	GARAMYCIN EYE DROPS	18.03
GENTAMICIN OPHTH 0.3% OINTMENT	GARAMYCIN OPHTH	18.03
GENTAMICIN VIAL 40 MG/ML INJECTION	GARAMYCIN INJ	03.01
GLIPIZIDE 10 MG TABLET	GLUCOTROL	11.04.01
GLIPIZIDE 5 MG TABLET	GLUCOTROL	11.04.01
GLUCAGON KIT 1 MG INJECTION	GLUCAGEN KIT	10.01
GLUCAGON SYRINGE 1 MG INJECTION	GLUCAGON EMERGENCY KIT	10.01
GLUCOSE 40% GEL (JELLY)	GLUTOSE	11.08
GLYBURIDE 1.25 MG TABLET	MICRONASE/DIABET	11.04.01
GLYBURIDE 2.5 MG TABLET	MICRONASE/DIABET	11.04.01
GLYBURIDE 5 MG TABLET	MICRONASE/DIABET	11.04.01
GUAIFENESIN 100 MG/5 ML SYRUP	ROBITUSSIN PLAIN	02.04
GUAIFENESIN 200 MG TABLET	ROBITUSSIN	02.04
GUAIFENESIN DM PROTOCOL 200-10 MG CAPSULE	TUSS-DM	02.06
GUAIFENESIN-DM 100-10/5 ML SYRUP	ROBITUSSIN DM	02.06
HALOPERIDOL 0.5 MG TABLET	HALDOL	06.02.01
HALOPERIDOL 1 MG TABLET	HALDOL	06.02.01
HALOPERIDOL 2 MG TABLET	HALDOL	06.02.01
HALOPERIDOL 5 MG TABLET	HALDOL	06.02.01
HALOPERIDOL DEC VL 100 MG/ML INJECTION	HALDOL	06.02.01
HALOPERIDOL DEC VL 50 MG/ML INJECTION	HALDOL	06.02.01
HALOPERIDOL LACTATE VL 5 MG/ML INJECTION	HALDOL	06.02.01
HALOPERIDOL LACTATE VL 5 MG/ML INJECTION	HALDOL	10.01
HALOPERIDOL ORAL 2 MG/ML CONCENTRATE	HALDOL	06.02.01
HEMORRHOIDAL HC 1% OINTMENT	ANUSOL-HC/1	08.08.04
HEMORRHOIDAL HC 1% OINTMENT	ANUSOL-HC/1	12.12
HEMORRHOIDAL HC 2.5% CREAM	PROCTOSOL-HC	12.12
HEMORRHOIDAL HC 25 MG SUPPOSITORY	ANUSOL-HC	12.12
HEMORRHOIDAL PLAIN OINTMENT	FORMULATION R	12.12
HEMORRHOIDAL PLAIN SUPPOSITORY	ANUSOL/VERSAL	12.12
HEPARIN SODIUM MDV 10,000 U/ML INJECTION	HEPARIN	05.11
HEPARIN SODIUM VL 1,000 U/ML INJECTION	HEPARIN	05.11
HEPARIN SODIUM VL 10 U/ML INJECTION	HEP-LOCK	05.11
HEPARIN SODIUM VL 100 U/ML INJECTION	HEP-LOCK	05.11
HEPARIN SODIUM VL 5,000 U/ML INJECTION	HEPARIN	05.11
HOMATROPINE HBR O/S 2% OPHTHALMIC	ISOPTO HOMATROP	18.06

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HOMATROPINE HBR O/S 5% OPHTHALMIC	ISOPTO HOMATROPINE	18.06
HYDRALAZINE HCL 10 MG TABLET	APRESOLINE	05.12.02
HYDRALAZINE HCL 25 MG TABLET	APRESOLINE	05.12.02
HYDRALAZINE HCL 50 MG TABLET	APRESOLINE	05.12.02
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	HCTZ	05.10
HYDROCHLOROTHIAZIDE 25 MG TABLET	HCTZ	05.10
HYDROCHLOROTHIAZIDE 50 MG TABLET	HYDRODIURIL	05.10
HYDROCHLOROTHIAZIDE UD 25 MG TABLET	HYDRODIURIL	05.10
HYDROCOD BIT/APAP 5/500 TABLET	VICODIN / LORTAB	01.04
HYDROCOD BIT/APAP UD 5/500 TABLET	LORTAB	01.04
HYDROCORTISONE CR 1%	HYTONE	08.08.04
HYDROCORTISONE CR 1%	HYTONE	12.12
HYDROCORTISONE LOT 1%	HYTONE	08.08.04
HYDROCORTISONE LOT 1%	HYTONE	12.12
HYDROCORTISONE OINT 1%	HYTONE	08.08.04
HYDROCORTISONE OINT 1%	HYTONE	12.12
HYDROXYCHLOROQUINE 200 MG TABLET	PLAQUENIL	01.09
HYDROXYUREA 500 MG CAPSULE	HYDREA	04.01
HYDROXYZINE HCL 10 MG TABLET	ATARAX	02.01
HYDROXYZINE HCL 10 MG/5 ML SYRUP	ATARAX SYRUP	02.01
HYDROXYZINE HCL 25 MG TABLET	ATARAX	02.01
HYDROXYZINE HCL 50 MG TABLET	ATARAX	02.01
HYDROXYZINE HCL VIAL 25 MG/ML INJECTION	VISTARIL INJ	02.01
HYDROXYZINE HCL VIAL 50 MG/ML INJECTION	VISTARIL	02.01
HYDROXYZINE HCL VIAL 50 MG/ML INJECTION	VISTARIL INJ	02.01
HYDROXYZINE PAMOATE 25 MG CAPSULE	VISTARIL	02.01
HYDROXYZINE PAMOATE 50 MG CAPSULE	VISTARIL	02.01
IBUPROFEN 100 MG/5 ML SUSPENSION	MOTRIN	01.06
IBUPROFEN 200 MG TABLET	ADVIL	01.06
IMIPRAMINE HCL 10 MG TABLET	TOFRANIL	06.01.01
IMIPRAMINE HCL 25 MG TABLET	TOFRANIL	06.01.01
IMIPRAMINE HCL 50 MG TABLET	TOFRANIL	06.01.01
INDINAVIR 200 MG CAPSULE	CRIXIVAN	03.09.05
INDINAVIR 400 MG CAPSULE	CRIXIVAN	03.09.05
INDOMETHACIN 25 MG CAPSULE	INDOCIN	01.02
INDOMETHACIN 50 MG CAPSULE	INDOCIN	01.02
INSULIN HUM 70/30 VL 100 U/ML INJECTION	HUMULIN 70/30	11.03
INSULIN HUM NPH VL 100 U/ML INJECTION	HUMULIN NPH	11.03
INSULIN HUM REG VL 100 U/ML INJECTION	HUMULIN REG	11.03
INSULIN_GLARGINE VL 100 U/ML INJECTION	LANTUS	11.03
IPRATROPIUM BROM 17 MCG INHALER	ATROVENT HFA	19.01
IRON DEXTRAN COMP 50 MG/ML SOLUTION	INFED	21.01
IRON POLYSAC COMP UD 150 MG CAPSULE	NIFEREX 150	21.01
IRON SUCROSE VL 20 MG/ML INJECTION	VENOFER INJ	21.01
ISONIAZID 100 MG TABLET	INH	03.05
ISONIAZID 300 MG TABLET	INH	03.05
ISOSORBIDE DINITRATE 10 MG TABLET	ISORDIL	05.12.01
ISOSORBIDE DINITRATE 20 MG TABLET	ISORDIL	05.12.01
ISOSORBIDE DINITRATE 30 MG TABLET	ISORDIL	05.12.01
ISOSORBIDE DINITRATE 40 MG TAB CR	SORBITRATE SA	05.12.01
ISOSORBIDE DINITRATE 5 MG TABLET	ISORDIL	05.12.01

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Product Name	Equivalent Brand Name	Therapy Section
ISOSORBIDE DINITRATE SR 40 MG CAP CR	DILATRATE SR	05.12.01
ISOSORBIDE-DIN 2.5 MG TAB SUBL	ISORDIL SL	05.12.01
ISOSORBIDE-DIN 5 MG TAB SUBL	ISORDIL SL	05.12.01
ISOSORBIDE-DINIT 20 MG TABLET	ISORDIL	05.12.01
ISOSORBIDE-MONONIT 30 MG TAB SR 24 HR	IMDUR	05.12.01
ISOSORBIDE-MONONIT 60 MG TAB SR 24 HR	IMDUR	05.12.01
KETOTIFEN O/S 0.025% OPHTHALMIC	ZADITOR OPHTH	18.04
LACTATED RINGERS INJECTION	LACTATED RINGERS	09.01
LACTULOSE 10GM/15 ML SOLUTION	CHRONULAC	12.05
LACTULOSE 10GM/15 ML SYRUP	CHRONULAC	12.05
LAMIVUDINE 100 MG TABLET	EPIVIR HBV	03.09.04
LAMIVUDINE 100 MG TABLET	EPIVIR HBV	12.08.01
LAMIVUDINE 150 MG TABLET	EPIVIR	03.09.04
LAMIVUDINE 300 MG TABLET	EPIVIR	03.09.04
LAMIVUDINE- 10 MG/ML SOLUTION	EPIVIR	03.09.04
LAMOTRIGINE 100 MG TABLET	LAMICTAL	16.02
LAMOTRIGINE 100 MG TABLET	LAMICTAL	16.05
LAMOTRIGINE 150 MG TABLET	LAMICTAL	16.02
LAMOTRIGINE 150 MG TABLET	LAMICTAL	16.05
LAMOTRIGINE 200 MG TABLET	LAMICTAL	16.02
LAMOTRIGINE 200 MG TABLET	LAMICTAL	16.05
LAMOTRIGINE 25 MG TABLET	LAMICTAL	16.02
LAMOTRIGINE 25 MG TABLET	LAMICTAL	16.05
LANTHANUM CARB 500 MG TAB CHEW	FOSRENOL	21.01
LATANOPROST O/S 0.005% OPHTHALMIC	XALATAN	18.01
LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC	BETAGAN OPHTH	18.01
LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC	BETAGAN OPHTH	18.01
LEVOTHYROXINE SOD 0.025 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.05 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.075 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.088 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.1 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.112 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.125 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.137 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.15 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.175 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.2 MG TABLET	SYNTHROID	11.05
LEVOTHYROXINE SOD 0.3 MG TABLET	SYNTHROID	11.05
LIDOCAINE 1% SYRG 10 MG/ML INJECTION	XYLOCAINE	10.01
LIDOCAINE 1% VIAL 10 MG/ML INJECTION	XYLOCAINE	22.01
LIDOCAINE 2% VL 20 MG/ML INJECTION	XYLOCAINE	22.01
LIDOCAINE 2% W/EPI VL 20 MG/ML INJECTION	XYLOCAINE W/EPI	22.01
LIDOCAINE VISC 2% SOLUTION	XYLOCAINE VISC	07.01
LIDOCAINE VISCOUS 2% SOLUTION	XYLOCAINE VISC	07.01
LISINAPRIL 10 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINAPRIL 2.5 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINAPRIL 20 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINAPRIL 30 MG TABLET	ZESTRIL	05.02
LISINAPRIL 40 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINAPRIL 5 MG TABLET	ZESTRIL/PRINIVIL	05.02

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LITHIUM CARBONATE 150 MG CAPSULE	ESKALITH	06.05
LITHIUM CARBONATE 300 MG CAPSULE	ESKALITH	06.05
LITHIUM CITRATE 300MG (8MEQ)/5ML SYRUP	LITHIUM CITRATE	06.05
LOPERAMIDE 2 MG CAPSULE	IMODIUM	12.03
LOPERAMIDE 2 MG TABLET	IMODIUM	12.03
LOPINAVIR/RITONAVIR TAB 200/50 MG TABLET	KALETRA TAB	03.09.05
LOPINAVIR/RITON 400-100/5 ML SOLUTION	KALETRA SUSP	03.09.05
LORATADINE 10 MG TABLET	CLARITIN	02.02
LORAZEPAM 0.5 MG TABLET	ATIVAN	06.06.01
LORAZEPAM 1 MG TABLET	ATIVAN	06.06.01
LORAZEPAM 2 MG TABLET	ATIVAN	06.06.01
LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN	06.06.01
LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN	10.01
MAG/AL HYDROXIDE 150-300 MG TAB CHEW	ALAMAG/MAALOX	12.02
MAG/ALUM HYD/SIMETH TAB CHEW	MINTOX/MYLANTA	12.02
MAG/ALUM HYD/SIMETH SUSPENSION	MYLANTA/MAALOX SUSP	12.02
MAGNESIUM CITRATE SOLUTION	CITRATE OF MAG	12.05
MAGNESIUM SO4 50% VL 4 MEQ/ML INJECTION	MGSO4 INJ	10.01
MECLIZINE HCL 12.5 MG TABLET	ANTIVERT	16.05
MECLIZINE HCL 25 MG TABLET	ANTIVERT	16.05
MEDROXYPROGESTERONE 10 MG TABLET	PROVERA	11.02
MEDROXYPROGESTERONE 2.5 MG TABLET	PROVERA	11.02
MEDROXYPROGESTERONE 5 MG TABLET	PROVERA	11.02
MELOXICAM 15 MG TABLET	MOBIC	01.06
MELOXICAM 7.5 MG TABLET	MOBIC	01.06
METFORMIN HCL 1000 MG TABLET	GLUCOPHAGE	11.04.02
METFORMIN HCL 500 MG TABLET	GLUCOPHAGE	11.04.02
METFORMIN HCL 850 MG TABLET	GLUCOPHAGE	11.04.02
METHOCARBAMOL 500 MG TABLET	ROBAXIN	01.08
METHOCARBAMOL 750 MG TABLET	ROBAXIN	01.08
METHYLPRED ACETATE SUSP 80 MG/ML INJECTION	DEPO-MEDROL	10.01
METHYLPRED ACETATE VL 40 MG/ML INJECTION	DEPO-MEDROL	10.01
METHYLPRED SOD SUCC VL (EA 1GM INJECTION	SOLU-MEDROL	10.01
METHYLPRED SOD SUCC VL 125 MG INJECTION	SOLU-MEDROL	10.01
METHYLPRED SOD SUCC VL 40 MG INJECTION	SOLU-MEDROL	10.01
METHYLPRED SOD SUCC VL 500 MG INJECTION	SOLU-MEDROL	10.01
METIPRANOLOL O/S 0.3% OPHTHALMIC	OPTIPRANOLOL OPH	18.01
METOCLOPRAMIDE 10 MG TABLET	REGLAN	12.07
METOCLOPRAMIDE 5 MG TABLET	REGLAN	12.07
METOPROLOL TART 100 MG TABLET	LOPRESSOR	05.06.01
METOPROLOL TART 25 MG TABLET	LOPRESSOR	05.06.01
METOPROLOL TART 50 MG TABLET	LOPRESSOR	05.06.01
METOPROLOL TARTRATE 25 MG TABLET	LOPRESSOR	05.06.01
METRONIDAZOLE 250 MG TABLET	FLAGYL	03.14
METRONIDAZOLE 500 MG TABLET	FLAGYL	03.14
METRONIDAZOLE-VAG 0.75% GEL (JELLY)	METROGEL/VANDAZOLE VAGINAL	17.02
METRONIDAZOLE/NACL 500 MG/100 ML INJECTION	FLAGYL IVPB	03.14
MICONAZOLE TOPICAL 2% CREAM	MONISTAT-DERM	08.02
MICONAZOLE VAGINAL 100 MG SUPPOSITORY	MONISTAT 7	17.02
MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION	MOM	12.05
MINERAL OIL ENEMA	FLEET M.O.	12.05

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MINERAL OIL OIL	MINERAL OIL	12.05
MIRTAZAPINE 15 MG TABLET	REMERON	06.01.03
MIRTAZAPINE 30 MG TABLET	REMERON	06.01.03
MIRTAZAPINE 45 MG TABLET	REMERON	06.01.03
MORPHINE AMPULE 10 MG/ML INJECTION	MORPHINE SULFATE	01.04
MORPHINE SULFATE 15 MG TABLET	IMMED RELEASE	01.04
MORPHINE SULFATE 15 MG TABLET	MORPHINE SULF - IMMED RELS	01.04
MORPHINE SULFATE 30 MG TABLET	IMMED RELEASE	01.04
MORPHINE VIAL 10 MG/ML INJECTION	MORPHINE SULFATE INJ	01.04
MULTIVITAMIN TABLET	ONE-A-DAY VIT	21.01
MULTIVITAMIN W/IRON TABLET	ONE-A-DAY W/IRON	21.01
NAFCILLIN SOD ADVANTAGE VL 2GM INJECTION	NAFCIL	03.11
NAFCILLIN SOD VIAL 1GM INJECTION	NAFCIL	03.11
NAFCILLIN SOD VIAL 2GM INJECTION	NAFCIL	03.11
NALOXONE HCL AMP 0.4 MG/ML INJECTION	NARCAN	10.01
NAPHAZOLINE EYE DROPS 0.012% OPHTHALMIC	NAPHCON	18.02
NAPHAZOLINE/PHENIR O/S OPHTHALMIC	VISINE-A / NAPHCON-A	18.02
NAPROXEN 250 MG TABLET	NAPROSYN	01.06
NAPROXEN 375 MG TABLET	NAPROSYN	01.06
NAPROXEN 500 MG TABLET	NAPROSYN	01.06
NELFINAVIR MESYLATE 250 MG TABLET	VIRACEPT	03.09.05
NELFINAVIR MESYLATE 625 MG TABLET	VIRACEPT	03.09.05
NEOMY/BAC/POLY OINTMENT	NEOSPORIN	08.03
NEOMY/BAC/POLY B PKT OINTMENT	NEOSPORIN	08.03
NEOMY/BAC/POLY EYE OINTMENT	NEOSPORIN OPHTH	18.03
NEOMY/POLY B/GRAM SOL OPHTHALMIC	NEOSPORIN	18.03
NEOMY/POLYMX/HC SOLN OTIC	CORTISPORIN OTIC	18.05
NEOMY/POLYMYX/DEX EYE OINTMENT	MAXITROL OPHTH	18.03
NEOMY/POLYMYX/DEX O/S OPHTHALMIC	MAXITROL/DEXACID	18.03
NEOMY/POLYMX/HC SUSP OTIC	CORTISPORIN OTIC	18.05
NEVIRAPINE 200 MG TABLET	VIRAMUNE	03.09.03
NEVIRAPINE 50 MG/ML SUSPENSION	VIRAMUNE ORAL	03.09.03
NIACIN 100 MG TABLET	NIACIN	05.05.02
NIACIN 250 MG TABLET	NIACIN	05.05.02
NIACIN 50 MG TABLET	NIACIN	05.05.02
NIACIN 500 MG TABLET	NIACIN	05.05.02
NIACIN- TIME REL 250 MG TAB CR	SLO-NIACIN	05.05.02
NIACIN- TIME REL 500 MG TAB CR	SLO-NIACIN	05.05.02
NIACIN- TIME REL 750 MG TAB CR	SLO-NIACIN	05.05.02
NITROGLYCERIN 2% OINTMENT	NITRO-BID	05.12.01
NITROGLYCERIN PATCH 0.1 MG/HR PATCH 24 HR	TRANSDERM-NITRO	05.12.01
NITROGLYCERIN PATCH 0.2 MG/HR PATCH 24 HR	TRANSDERM-NITRO	05.12.01
NITROGLYCERIN PATCH 0.4 MG/HR PATCH 24 HR	TRANSDERM-NITRO	05.12.01
NITROGLYCERIN PATCH 0.6 MG/HR PATCH 24 HR	TRANSDERM-NITRO	05.12.01
NITROGLYCERIN PATCH 0.8 MG/HR PATCH 24 HR	NITRO-DUR	05.12.01
NITROGLYCERIN SL 1/150 (0.4MG)	NITROSTAT	05.12.01
NITROGLYCERIN SL 1/150 (0.4MG)	NITROSTAT	10.01
NORETH/ESTRAD 1-0.035 MG TABLET	ORTHO-NOVUM 1/35	17.01
NORETH/MESTRAN 1-0.050 MG TABLET	ORTHO-NOVUM 1/50	17.01
NORTRIPTYLINE HCL 10 MG CAPSULE	PAMELOR	01.05
NORTRIPTYLINE HCL 25 MG CAPSULE	PAMELOR	01.05

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NORTRIPTYLINE HCL 50 MG CAPSULE	PAMELOR	01.05
NORTRIPTYLINE HCL 75 MG CAPSULE	PAMELOR	01.05
NYSTATIN 100,000 U/ML SUSPENSION	MYCOSTATIN	03.02
NYSTATIN 100,000U/GM CREAM	MYCOSTATIN	08.02
NYSTATIN 100,000U/GM OINTMENT	MYCOSTATIN	08.02
NYSTATIN/TRIAMCINOLONE CREAM	MYCOLOG	08.02
NYSTATIN/TRIAMCINOLONE OINTMENT	MYCOLOG	08.02
OMEPRazole 20 MG CAP DELAY-REL	PRILOSEC	12.10
OXYBUTYNIN CHLORIDE 5 MG TABLET	DITROPAN	13.02
PANCREATIC ENZ EC 4-20-25	PANCREASE/ULTRAS	12.06
PANCREATIC ENZYME 8-30-30 TABLET	VIOKASE 8	12.06
PARICALCITOL VIAL 2 MCG/ML INJECTION	ZEMPLAR	11.08
PARICALCITOL VIAL 5 MCG/ML INJECTION	ZEMPLAR	11.08
PAROXETINE HCL 10 MG TABLET	PAXIL	06.01.02
PAROXETINE HCL 20 MG TABLET	PAXIL	06.01.02
PAROXETINE HCL 30 MG TABLET	PAXIL	06.01.02
PAROXETINE HCL 40 MG TABLET	PAXIL	06.01.02
PAROXETINE SUSP 10 MG/5 ML SUSPENSION	PAXIL ORAL SUSP	06.01.02
PEG/ELECTROLYTE SOLUTION	GOLYTELY	12.05
PEGINTERFERON A-2A 180 MCG/ML INJECTION	PEGASYS VIAL	12.08.02
PENIC-G BENZ/PROC SYR 1.2 MILLION UNITS INJECTION	BICILLIN C-R	03.11
PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION	BICILLIN LA	03.11
PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION	BICILLIN LA	03.11
PENIC-G PROCAINE 1.2 MILLION UNITS INJECTION	WYCILLIN	03.11
PENICILLIN V-K 250 MG TABLET	PEN-VK	03.11
PENICILLIN V-K 500 MG TABLET	PEN-VK	03.11
PENICILLIN VK SUSP 250MG/5 ML SOLUTION	PEN-VK ORAL SUSP	03.11
PENICILLIN-G POTASSIUM VI 5MU INJECTION	PENICILLIN INJ	03.11
PENTAZOCINE/NALOX 50/0.5 MG TABLET	TALWIN-NX	01.04
PERMETHRIN 5% CREAM	ELIMITE/ACTICIN	08.07
PERPHENAZINE 16 MG TABLET	TRILAFON	06.02.01
PERPHENAZINE 2 MG TABLET	TRILAFON	06.02.01
PERPHENAZINE 4 MG TABLET	TRILAFON	06.02.01
PERPHENAZINE 8 MG TABLET	TRILAFON	06.02.01
PHENAZOPYRIDINE HCL 100 MG TABLET	PYRIDIUM	13.02
PHENAZOPYRIDINE HCL 200 MG TABLET	PYRIDIUM	13.02
PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL	06.03
PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL	16.02
PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL	06.03
PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL	16.02
PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL	06.03
PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL	16.02
PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL	06.03
PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL	16.02
PHENOBARBITAL- VIAL 130 MG/ML INJECTION	PHENOBARBITAL	06.03
PHENOBARBITAL- VIAL 130 MG/ML INJECTION	PHENOBARBITAL	16.02
PHENOBARBITAL-VIAL 65 MG/ML INJECTION	PHENOBARBITAL	06.03
PHENOBARBITAL-VIAL 65 MG/ML INJECTION	PHENOBARBITAL	16.02
PHENYLEPHRINE 10 MG TABLET	SUDAFED PE	02.05
PHENYTOIN 125 MG/5 ML SUSPENSION	DILANTIN-125	16.02
PHENYTOIN 50 MG TABLET	DILANTIN INFATAB	16.02

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PHENYTOIN SOD *EXT* 100 MG CAPSULE	DILANTIN	16.02
PHENYTOIN SOD *EXT* 30 MG CAPSULE	DILANTIN	16.02
PHENYTOIN SOD VIAL 50 MG/ML INJECTION	DILANTIN	10.01
PHYTONADIONE 5 MG TABLET	MEPHYTON	10.01
PHYTONADIONE 5 MG TABLET	MEPHYTON	21.01
PHYTONADIONE AMP 10 MG/ML INJECTION	AQUA-MEPHYTON	10.01
PHYTONADIONE AMP 10 MG/ML INJECTION	AQUA-MEPHYTON	21.01
PILOCARPINE HCL O/S 0.5% OPHTHALMIC	ISOPTO CARPINE	18.01
PILOCARPINE HCL O/S 1% OPHTHALMIC	ISOPTO CARPINE	18.01
PILOCARPINE HCL O/S 2% OPHTHALMIC	ISOPTO CARPINE	18.01
PILOCARPINE HCL O/S 3% OPHTHALMIC	ISOPTO CARPINE	18.01
PILOCARPINE HCL O/S 4% OPHTHALMIC	ISOPTO CARPINE	18.01
PILOCARPINE HCL O/S 6% OPHTHALMIC	ISOPTO CARPINE	18.01
PINK BISMUTH 262 MG TAB CHEW	PEPTO-BISMOL	12.03
PINK BISMUTH LIQ 262 MG/15 ML SUSPENSION	PEPTO-BISMOL	12.03
PIROXICAM 10 MG CAPSULE	FELDENE	01.06
PIROXICAM 20 MG CAPSULE	FELDENE	01.06
PNEUMOCOCCAL VACC MDV INJECTION	PNEUMOVAX	20.01
PNEUMOCOCCAL VACC SDV INJECTION	PNEUMOVAX	20.01
PODOPHYLLUM RESIN 25% SOLUTION	PODODERM	08.09
POLYMYXIN B/TRIMETH O/S OPHTHALMIC	POLYTRIM OPHTH	18.03
POTASSIUM CL 10MEQ TAB CR	K-DUR	21.01
POTASSIUM CL 20MEQ PACK	K-LOR POWD PKT	21.01
POTASSIUM CL 40MEQ/15 ML LIQUID	KAON-CL	21.01
POTASSIUM CL 8MEQ TAB CR	SLOW-K	21.01
POTASSIUM CL VL 40MEQ INJECTION	KCL	10.01
POTASSIUM CL VL 40MEQ INJECTION	KCL	21.01
PRAVASTATIN SODIUM 10 MG TABLET	PRAVACHOL	05.05.01
PRAVASTATIN SODIUM 20 MG TABLET	PRAVACHOL	05.05.01
PRAVASTATIN SODIUM 40 MG TABLET	PRAVACHOL	05.05.01
PREDNISOLONE ACET O/S 1% OPHTHALMIC	PRED FORTE SUSP	18.04
PREDNISONE 1 MG TABLET	DELTASONE	11.06
PREDNISONE 10 MG TABLET	DELTASONE	11.06
PREDNISONE 2.5 MG TABLET	DELTASONE	11.06
PREDNISONE 20 MG TABLET	DELTASONE	11.06
PREDNISONE 5 MG TABLET	DELTASONE	11.06
PREDNISONE DOSEPAK 10 MG TABLET	PREDNISONE	11.06
PREDNISONE DOSEPAK 5 MG TABLET	PREDNISONE	11.06
PREDNISONE- 10 MG TABLET	DELTASONE	11.06
PREDNISONE- 20 MG TABLET	DELTASONE	11.06
PREDNISONE- 5 MG TABLET	DELTASONE	11.06
PRENATAL VIT TABLET	PRENATAL VIT	21.01
PROBENECID 500 MG TABLET	BENEMID	01.02
PROCHLORPERAZINE 10 MG TABLET	COMPAZINE	12.04
PROCHLORPERAZINE 5 MG TABLET	COMPAZINE	12.04
PROCHLORPERAZINE MAL 25 MG SUPPOSITORY	COMPAZINE	12.04
PROMETHAZINE 6.25 MG/5 ML SYRUP	PHENERGAN SYRUP	12.04
PROMETHAZINE HCL 12.5 MG TABLET	PHENERGAN	12.04
PROMETHAZINE HCL 25 MG TABLET	PHENERGAN	12.04
PROMETHAZINE HCL 50 MG TABLET	PHENERGAN	12.04
PROMETHAZINE HCL VIAL 25 MG/ML INJECTION	PHENERGAN	12.04

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PROMETHAZINE HCL VIAL 50 MG/ML INJECTION	PHENERGAN INJ	12.04
PROMETHAZINE- 25 MG SUPPOSITORY	PHENERGAN	12.04
PROMETHAZINE- 50 MG SUPPOSITORY	PHENERGAN	12.04
PROPARACAINE HCL O/S 0.5% OPHTHALMIC	OPHTHETIC	18.06
PROPRANOLOL HCL 10 MG TABLET	INDERAL	05.06.02
PROPRANOLOL HCL 20 MG TABLET	INDERAL	05.06.02
PROPRANOLOL HCL 40 MG TABLET	INDERAL	05.06.02
PROPRANOLOL HCL 80 MG TABLET	INDERAL	05.06.02
PROPYLTHIOURACIL 50 MG TABLET	PTU	11.05
PSEUDO/TRIPOLIDINE 60-2.5 MG TABLET	ACTIFED	02.06
PYRAZINAMIDE 500 MG TABLET	PYRAZINAMIDE	03.05
PYRETHRINS/PIPERONYL SHAMPOO	LICE TREATMENT/ RID	08.07
PYRIDOXINE HCL 100 MG TABLET	VITAMIN B-6	21.01
PYRIDOXINE HCL 25 MG TABLET	VITAMIN B-6	21.01
PYRIDOXINE HCL 50 MG TABLET	VITAMIN B-6	21.01
PYRIMETHAMINE 25 MG TABLET	DARAPRIM	03.04
QUINIDINE 300 MG TAB CR	QUINIDEX EXTENT	05.04.01
QUINIDINE SULFATE 200 MG TABLET	QUINIDINE SO4	05.04.01
RANITIDINE HCL 150 MG TABLET	ZANTAC	12.09
RANITIDINE HCL 300 MG TABLET	ZANTAC	12.09
RIBAVIRIN 200 MG CAPSULE	RIBASPHERE	12.08.02
RIFABUTIN 150 MG CAPSULE	MYCOBUTIN	03.05
RIFAMPIN 150 MG CAPSULE	RIFADIN	03.05
RIFAMPIN 300 MG CAPSULE	RIFADIN	03.05
RISPERIDONE 0.25 MG TABLET	RISPERDAL	06.02.02
RISPERIDONE 0.5 MG TABLET	RISPERDAL	06.02.02
RISPERIDONE 1 MG / ML SOLUTION	RISPERDAL SOLN	06.02.02
RISPERIDONE 1 MG TABLET	RISPERDAL	06.02.02
RISPERIDONE 2 MG TABLET	RISPERDAL	06.02.02
RISPERIDONE 3 MG TABLET	RISPERDAL	06.02.02
RISPERIDONE 4 MG TABLET	RISPERDAL	06.02.02
RITONAVIR 100 MG CAPSULE	NORVIR	03.09.05
RITONAVIR 80 MG/ML SOLUTION	NORVIR	03.09.05
SALICYLIC ACID PLASTER 40%	MEDIPLAST PATCH	08.09
SALSALATE 500 MG TABLET	DISALCID	01.07
SALSALATE 750 MG TABLET	DISALCID	01.07
SAQUINAVIR*INVIRASE 200 MG CAPSULE	INVIRASE	03.09.05
SAQUINAVIR*INVIRASE 500 MG TABLET	INVIRASE	03.09.05
SELENIUM SULFIDE 2.5% SHAMPOO	SELSUN-RX LOTION	08.09
SERTRALINE HCL 100 MG TABLET	ZOLOFT	06.01.02
SERTRALINE HCL 25 MG TABLET	ZOLOFT	06.01.02
SERTRALINE HCL 50 MG TABLET	ZOLOFT	06.01.02
SERTRALINE HCL 50 MG TABLET	ZOLOFT TABLET	06.01.02
SERTRALINE ORAL CONC 20 MG\ ML CONCENTRATE	ZOLOFT ORAL CONC	06.01.02
SEVELAMER CARBONATE 800 MG TABLET	REVELA	12.11
SILVER SULFADIAZINE 1% CREAM	SILVADENE	08.03
SIMETHICONE 80 MG TAB CHEW	GAS-X/MYLICON	12.02
SIMETHICONE 80 MG TAB CHEW	GAS-X/MYLICON	12.11
SIMETHICONE 80 MG TAB CHEW	MYLANTA GAS	12.02
SIMETHICONE 80 MG TAB CHEW	MYLANTA GAS	12.11
SIMETHICONE PROTOCOL 125 MG TAB CHEW	MYLANTA GAS	12.02

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Product Name	Equivalent Brand Name	Therapy Section
SIMETHICONE PROTOCOL 125 MG TAB CHEW	MYLANTA GAS	12.11
SIMVASTATIN 10 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 20 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 40 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 5 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 80 MG TABLET	ZOCOR	05.05.01
SOD BICARBONATE 325 MG TABLET	SODIUM BICARB	13.02
SOD BICARBONATE 650 MG TABLET	SODIUM BICARB	13.02
SOD CHL NASAL SPRAY 0.65%	OCEAN/DEEP SEA	19.04
SOD CHL PRESERV-FREE VL (10ML 0.9% INJECTION	NORMAL SALINE	09.01
SOD CHL PRESERV-FREE VL (20ML 0.9% INJECTION	NORMAL SALINE	09.01
SOD CHLORIDE IV BAG 0.9% INJECTION	NORMAL SALINE	09.01
SOD CHLORIDE MINI-BAG+ 0.9% INJECTION	NORMAL SALINE	09.01
SOD PHOS/BIPHOS ORAL SOLUTION	FLEET PHOSPHA-SODA	12.05
SOD POLYSTY SULF 1 LB POWDER	KAYEXALATE PWDR	10.01
SOD POLYSTY SULF 15GM/60 ML SUSPENSION	KAYEXALATE SUSP	10.01
SODIUM PHOSPHATE ENEMA ENEMA	FLEET ENEMA	12.05
SPIRONOLACTONE 100 MG TABLET	ALDACTONE	05.10
SPIRONOLACTONE 25 MG TABLET	ALDACTONE	05.10
SPIRONOLACTONE 50 MG TABLET	ALDACTONE	05.10
STAVUDINE 15 MG CAPSULE	ZERIT	03.09.04
STAVUDINE 20 MG CAPSULE	ZERIT	03.09.04
STAVUDINE 30 MG CAPSULE	ZERIT	03.09.04
STAVUDINE 40 MG CAPSULE	ZERIT	03.09.04
SULFACETAMIDE SOD O/S 10% OPHTHALMIC	SULAMYD OPTH	18.03
SULFADIAZINE 500 MG TABLET	SULFADIAZINE	03.04
SULFAMETH-TRIMETH 800-160 MG TABLET	BACTRIM DS	03.12
SULFAMETH-TRIMETH 800-160 MG TABLET	BACTRIM DS / SEPTRA DS	03.12
SULFAMETH/TRIMETH 400/80 MG TABLET	BACTRIM/SEPTRA	03.12
SULFAMETH/TRIMETH VL 80-16 MG/ML INJECTION	BACTRIM INJ	03.12
SULFAMETH-TRI 200-40 MG/5 ML SUSPENSION	BACTRIM/SEPTRA	03.12
SULFUR/SALICYLIC ACID SHAMPOO	SEBEX/SEBULEX	08.09
TAMOXIFEN CITRATE 10 MG TABLET	NOLVADEX	04.01
TENOFOVIR DISOPROXIL 300 MG TABLET	VIREAD	03.09.04
TERAZOSIN HCL 1 MG CAPSULE	HYTRIN	05.01
TERAZOSIN HCL 1 MG CAPSULE	HYTRIN	13.01
TERAZOSIN HCL 10 MG CAPSULE	HYTRIN	05.01
TERAZOSIN HCL 10 MG CAPSULE	HYTRIN	13.01
TERAZOSIN HCL 2 MG CAPSULE	HYTRIN	05.01
TERAZOSIN HCL 2 MG CAPSULE	HYTRIN	13.01
TERAZOSIN HCL 5 MG CAPSULE	HYTRIN	05.01
TERAZOSIN HCL 5 MG CAPSULE	HYTRIN	13.01
TETANUS DIPHTHERIA TOX INJECTION	DECAVAC	20.01
TETRACYCLINE HCL 250 MG CAPSULE	SUMYCIN	03.13
TETRACYCLINE HCL 500 MG CAPSULE	SUMYCIN	03.13
THEOPHYLLINE 100 MG TAB SR 12 HR	THEO-DUR	19.06
THEOPHYLLINE 200 MG TAB SR 12 HR	THEO-DUR	19.06
THEOPHYLLINE 300 MG TAB SR 12 HR	THEO-DUR	19.06
THEOPHYLLINE 450 MG TAB SR 12 HR	THEO-DUR	19.06
THEOPHYLLINE ELIX 80 MG/15 ML ELIXIR	ELIXOPHYLLIN	19.06
THERADERM LOTION LOTION	THERADERM	08.06

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Product Name	Equivalent Brand Name	Therapy Section
THERADERM LOTION LOTION	THERADERM	08.09
THIAMINE HCL 100 MG TABLET	VITAMIN B-1	10.01
THIAMINE HCL 100 MG TABLET	VITAMIN B-1	21.01
THIAMINE HCL 50 MG TABLET	VITAMIN B-1	10.01
THIAMINE HCL 50 MG TABLET	VITAMIN B-1	21.01
THIAMINE HCL MDV 100 MG/ML INJECTION	VITAMIN B-1	10.01
THIAMINE HCL MDV 100 MG/ML INJECTION	VITAMIN B-1	21.01
THIOTHIXENE 1 MG CAPSULE	NAVANE	06.02.01
THIOTHIXENE 10 MG CAPSULE	NAVANE	06.02.01
THIOTHIXENE 2 MG CAPSULE	NAVANE	06.02.01
THIOTHIXENE 5 MG CAPSULE	NAVANE	06.02.01
THROAT LOZENGES LOZENGE	SEPASOOTHE	01.09
TIMOLOL MAL SOLN 0.25% OPHTHALMIC	TIMOPTIC	18.01
TIMOLOL MAL SOLN 0.5% OPHTHALMIC	TIMOPTIC	18.01
TIPRANAVIR 250 MG CAPSULE	APTIVUS	03.09.05
TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC	TOBREX OPHTH	18.03
TOBRAMYCIN OINT 0.3% OPHTHALMIC	TOBREX	18.03
TOLBUTAMIDE 500 MG TABLET	ORINASE	11.04.01
TOLNAFTATE 1% CREAM	TINACTIN	08.02
TOLNAFTATE 1% SOLUTION	TINACTIN A-F	08.02
TRAZODONE HCL 100 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 150 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 50 MG TABLET	DESYREL	06.01.03
TRIAMCINOLONE 0 025% CR	KENALOG	08.08.02
TRIAMCINOLONE 0 025% CR	KENALOG	08.08.03
TRIAMCINOLONE 0 025% LOT	KENALOG	08.08.02
TRIAMCINOLONE 0 025% LOT	KENALOG	08.08.03
TRIAMCINOLONE 0 025% OINT	KENALOG	08.08.02
TRIAMCINOLONE 0 025% OINT	KENALOG	08.08.03
TRIAMCINOLONE 0 1% CR	KENALOG	08.08.02
TRIAMCINOLONE 0 1% CR	KENALOG	08.08.03
TRIAMCINOLONE 0 1% LOT	KENALOG	08.08.02
TRIAMCINOLONE 0 1% LOT	KENALOG	08.08.03
TRIAMCINOLONE 0 1% OINT	KENALOG	08.08.02
TRIAMCINOLONE 0 1% OINT	KENALOG	08.08.03
TRIAMCINOLONE 0 5% CR	KENALOG	08.08.02
TRIAMCINOLONE 0 5% CR	KENALOG	08.08.03
TRIAMCINOLONE 0 5% OINT	KENALOG	08.08.02
TRIAMCINOLONE 0 5% OINT	KENALOG	08.08.03
TRIAMCINOLONE ACET VL 40 MG/ML INJECTION	KENALOG	11.06
TRIAMCINOLONE ACET VL 40 MG/ML INJECTION	KENALOG INJ	11.06
TRIAMTERENE/HCTZ 37.5-25 MG TABLET	MAXZIDE-25	05.10
TRIAMTERENE/HCTZ 75-50 MG TABLET	MAXZIDE	05.10
TRICHLOROACETIC ACID SOLN (15M LIQUID	TRI-CHLOR	08.09
TRIFLUOPERAZINE HCL 1 MG TABLET	STELAZINE	06.02.01
TRIFLUOPERAZINE HCL 10 MG TABLET	STELAZINE	06.02.01
TRIFLUOPERAZINE HCL 2 MG TABLET	STELAZINE	06.02.01
TRIFLUOPERAZINE HCL 5 MG TABLET	STELAZINE	06.02.01
TRIHXYPHENIDYL HCL 2 MG TABLET	ARTANE	06.07
TRIHXYPHENIDYL HCL 5 MG TABLET	ARTANE	06.07
TROPICAMIDE EYE DROPS (15ML 1% OPHTHALMIC	MYDRIACYL OPHTH	18.06

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Product Name	Equivalent Brand Name	Therapy Section
TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC	MYDRIACYL	18.06
TUBERCULIN PPD VL 5TU/0.1 ML INJECTION	APLISOL	09.01
VALPROIC ACID 250 MG CAPSULE	DEPAKENE	16.02
VALPROIC ACID 250 MG CAPSULE	DEPAKENE	16.05
VALPROIC ACID 250 MG/5 ML SYRUP	DEPAKENE SYRUP	16.02
VALPROIC ACID 250 MG/5 ML SYRUP	DEPAKENE SYRUP	16.05
VANCOMYCIN HCL 1GM INJECTION	VANCOCIN	03.14
VANCOMYCIN HCL 500 MG INJECTION	VANCOCIN	03.14
VANCOMYCIN HCL VIAL 1GM INJECTION	VANCOCIN	03.14
VANCOMYCIN HCL VIAL 500 MG INJECTION	VANCOCIN	03.14
VENLAFAXINE HCL 100 MG TABLET	EFFEXOR	01.05
VENLAFAXINE HCL 25 MG TABLET	EFFEXOR	01.05
VENLAFAXINE HCL 37.5 MG TABLET	EFFEXOR	01.05
VENLAFAXINE HCL 50 MG TABLET	EFFEXOR	01.05
VENLAFAXINE HCL 75 MG TABLET	EFFEXOR	01.05
VERAPAMIL HCL 120 MG TABLET	CALAN	05.07.02
VERAPAMIL HCL 40 MG TABLET	CALAN	05.07.02
VERAPAMIL HCL 80 MG TABLET	CALAN	05.07.02
VERAPAMIL HCL SR 120 MG TAB CR	CALAN SR	05.07.02
VERAPAMIL HCL SR 180 MG TAB CR	CALAN SR	05.07.02
VERAPAMIL HCL SR 240 MG TAB CR	CALAN SR	05.07.02
VITAMIN B COMP W-C/FA TABLET	NEPHRO-VITE	21.01
VITAMIN E 400 IU CAPSULE	VITAMIN E	21.01
WARFARIN SOD 1 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 10 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 2 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 2.5 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 3 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 4 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 5 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 6 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 7.5 MG TABLET	JANTOVEN	05.11
WATER-BACTERIOSTATIC VL INJECTION	WATER FOR INJ	09.01
WATER-PRESERVATIVE-FREE VL 20 INJECTION	STERILE WATER	09.01
WHITE PETROLATUM OPHTH OINTMENT	LACRILUBE OPHTH	18.06
ZIDOVUDINE 10 MG/ML SYRUP	RETROVIR SYRUP	03.09.04
ZIDOVUDINE 100 MG CAPSULE	RETROVIR	03.09.04
ZIDOVUDINE 300 MG TABLET	RETROVIR	03.09.04
ZIPRASIDONE HCL 20 MG CAPSULE	GEODON	06.02.02
ZIPRASIDONE HCL 40 MG CAPSULE	GEODON	06.02.02
ZIPRASIDONE HCL 60 MG CAPSULE	GEODON	06.02.02
ZIPRASIDONE HCL 80 MG CAPSULE	GEODON	06.02.02

Attachment D

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	Policy Number 8.41	Page Number 1 of 5
Chapter – Employee Drug Testing		Related ACA Standards
Approved by the Commissioner:		
Effective Date:		March 1, 2005

I. AUTHORITY: 29 Del C. 89, Senate Bill 311

II. PURPOSE: To establish procedures for the department's drug testing program in order to detect and deter the use of illegal drugs by employees.

III. APPLICABILITY: This policy applies to all Department of Correction employees and applicants. In any conflicts between this policy and the Merit Rules, the Merit Rules shall prevail, unless superseded by a collective bargaining agreement.

IV. DEFINITIONS:

- A. Applicant:** an individual considered for hire, promotion, demotion, or transfer to a safety sensitive position
- B. Chain of Custody:** The tracing of each urine specimen to maintain control from initial collection to final disposition.
- C. Collection Sites:** The locations designated by the Commissioner where applicants or employees present themselves to provide urine specimens.
- D. Confirmation Test:** An analysis to identify the presence of a specific drug or metabolite, which is independent of the initial test performed on the same specimen and which uses a different methodology from that of the initial test to ensure reliability and accuracy.
- E. Confirmed Positive Result:** The presence of a controlled substance in the pure form, or its metabolites, at or above the cutoff level, as identified in two consecutive tests on the same sample which employ different test methods, and which is determined not to have been caused by an alternative medical explanation.
- F. Contractor:** Entity paid on a contractual basis to maintain a random testing list, select employees for testing, collect specimens, conduct reasonable suspicion and post-incident testing, safeguard specimens during transport to the laboratory, interpret results and notify DOC of positive tests. Also provides training to supervisors regarding reasonable suspicion testing.
- G. Employee:** Any person who receives compensation as an employee of the DOC.

H. Employee Testing Number: The Employee ID (EMPLID) number assigned to each employee by the State Personnel Payroll system at time of hire.

I. Security Sensitive Position: Correctional Series, Institutional Supervisory and Management Staff, Probation and Parole Series, any position with responsibility for the safety of others or whose impairment may result in death or injures to employees or others, any position where the incumbent is permitted to carry firearms, any position so designated by the Warden, Regional Manager, or Section Administrator.

V. POLICY: It is the policy of this department to maintain a drug free environment through the use of an applicant, a reasonable suspicion and a random drug-testing program. Department of Correction personnel hold positions of public trust and must not place themselves in a position where offender populations can take advantage of their drug dependence. Such misconduct conflicts with their duties, impacts safety and the integrity of the criminal justice system, and discredits the Department in the eyes of the public.

VI. PROCEDURES:

A. Notice of Testing

1. This policy will act as an official notice for periodic drug testing. No other announcement will be made. Each new employee will receive a copy of this policy and will return the attached receipt to the Office of Human Resources.

B. Random Testing

1. Random testing is limited to those employees in security sensitive positions.
2. Selection is to be based on a computerized random selection of Employee Testing Numbers, not names. These numbers are the Employee's ID number (EMPLID) automatically assigned by State Personnel Payroll system at the time of hire.
3. Each week, the drug-testing contractor will randomly select EMPLIDs equivalent to 2% of the random testing population. Because the selection process is random, some employees may not be tested within a year, while others may be tested more than once.
4. Upon arrival at the facility, the Contractor shall inform the ranking supervisor of the employees to be tested. The ranking supervisor shall make the employees available.
5. Those employees at locations where testing is conducted off-site, will be given a Chain of Custody form upon selection and must report to a designated collection site within four (4) hours of notification.
6. Employees notified to report must report for testing to the site specified. No requests to be

excused or rescheduled shall be granted. Any failure to report, refusal to be tested or to cooperate with the testing procedure shall be cause for removal from the workplace without pay and considered as a positive result. Employees on initial probation will be terminated from employment.

C. Reasonable Suspicion Testing

1. Reasonable suspicion testing is not limited to security sensitive positions only.
2. In the event of reasonable suspicion, the ranking supervisor will contact the contractor directly or through Human Resources to coordinate the testing process.
3. Evidence of reasonable suspicion includes, but is not limited to, observing the employee(s) either using or possessing a drug, displaying physical symptoms of being under the influence of a drug, or finding drug paraphernalia in the workplace.

D. Incident Triggered Testing

1. In the event of an incident triggered event, the ranking supervisor will contact Human Resources, who will then contact the contractor if a decision is made to test.
2. Incident triggered testing is based on any incident involving death or serious physical injury to a DOC employee or civilian, loss or significant damage to Department property, escape of an inmate or detentioner where the security sensitive employee was directly involved in the incident.

E. Applicant Testing

1. Anyone selected for a security sensitive position will be tested prior to being assigned to the position. Applicants shall be disqualified from further consideration from employment if they refuse to submit to a required drug test or if they are confirmed positive.

VII: SPECIMEN COLLECTION PROCEDURES

- A. Urine specimens will be collected in accordance with current Federal Department of Transportation standards. Every effort will be made to assure the dignity and privacy of employees being tested.
- B. The collector shall check the employee's photo identification card or driver's license to verify their identity.
- C. If an employee has trouble providing a specimen, he/she shall be allowed to consume water. If no specimen is produced within three (3) hours of the beginning of the collection process, the collector may end the collection process. This information will be passed on to the Medical Review Officer who will determine if the employee has a legitimate medical excuse for not providing a sample. If it is determined that there is no legitimate medical reason why the

employee did not produce a sample, it may be considered a positive test and grounds for dismissal.

D. If the Contractor determines that the employee is attempting to substitute or adulterate the specimen, the Contractor shall document the fact and direct the employee to provide another specimen. Both specimens shall be forwarded to the laboratory.

E. Immediately after the employee provides a sufficient specimen, the Contractor shall tightly cap and properly seal the bottle with evidence tape and label it in the presence of the employee. The employee will initial both the label and the accompanying forms. The storage, transportation and delivery of the specimens to the laboratory for testing shall be under the strict supervision of the Contractor who will maintain an unbroken chain of custody throughout the procedure.

F. The Contractor must maintain a chain of custody log, which will indicate the Employee Testing Number of an employee or applicant and the name of the specimen collector. The log must be maintained for at least five years, until all legal remedies have been exhausted. Both employee and collector must initial the specimen label bottle. Specimens must be delivered to the designated laboratory within 24 hours after collection and chain of custody must be maintained during the whole process.

VIII. LABORATORY PROCEDURES

A. The laboratory will test for marijuana, cocaine, opiates, amphetamines and phencyclidine. The initial procedure employed will be the Enzyme Multiplied Immunoassay Technique (EMIT) or the current Federal Department of Transportation preferred method. Cutoff levels will be consistent with Federal Department of Transportation standards.

B. All positive specimens shall be confirmed using the Gas Chromatography/Mass Spectrometry (GC/MS), which shall be conducted from the same specimen.

IX. PRESERVATION PROCEDURES

A. Specimens determined to contain drugs will be preserved at the laboratory for a minimum of twelve months. Employees testing positive may, upon written request to Internal Affairs, arrange to have their specimen retested. All costs, including lab fees and transportation shall be paid by the employee requesting the retest.

X. POST-TESTING PROCEDURES

A. If the lab results are negative, the sample shall be destroyed.

B. If the lab results are positive, the report will be forwarded to the Medical Review Officer by the laboratory. The MRO will contact the employee to confirm the result then notify the Chief of Internal Affairs who will immediately notify the Human Resources Director.

C. The Human Resources Director will then notify the appropriate Warden or Section Administrator. They will, in turn, notify the employee and immediately remove him or her from the workplace without pay.

D. The employee is then directed to participate in an accredited drug abuse assistance or rehabilitation program. Refusal to do so may result in dismissal. They may be referred to the State EAP program for assistance in enrollment.

E. Before being allowed to return to duty, the employee must provide a release to the Department's Drug Testing Program Coordinator showing that the drug abuse assistance or rehabilitation program was successfully completed. "Successful completion" means the employee has achieved a drug-free state as determined by the program counselor and received a negative result from an authorized drug test. The employee will then be required to submit to a "return to duty" drug test paid for by the Department before being cleared to return to work.

F. Any employee who tests positive on a random drug test for a second time within five years from the date of program completion will be separated from employment.

TITLE 29

State Government

Departments of Government

CHAPTER 89. DEPARTMENT OF CORRECTION

Subchapter II. Mandatory Screening for Use of Illegal Drugs

§ 8920. Purpose.

The purpose of this subchapter is to establish a mandatory drug testing program for certain Department of Correction employees who hold positions that are directly related to public safety and the security of our correctional institutions and probation operations.

70 Del. Laws, c. 340, § 1.;

§ 8921. Definitions.

As used in this subchapter unless the context otherwise requires:

(1) "Applicant" means any person who is seeking employment with the Department for a security sensitive position.

(2) "Applicant-employee" means an employee of the State who is an applicant for a security sensitive position in the Department.

(3) "Department technical representative" means an employee of the Department designated by the Commissioner to ensure compliance with the requirements of this subchapter and whose duties include, but are not limited to, the following:

- a. Scheduling of urine specimen collections;
- b. Designation of collection sites;
- c. Assuring the integrity of collection procedures and sites;
- d. Assuring the integrity of testing and specimen retention procedures;
- e. Reviewing the data and reports; and
- f. Acting as the Commissioner's contact person for the testing for illegal drugs.

(4) "Employee" means a person with whom the State has an employer-employee relationship.

(5) "Incident Triggered Testing" means any incident involving death or serious physical injury to a Department employee, loss or significant damage to Department property, escape of an inmate or detentioner where the security sensitive employee was directly involved in the incident.

(6) "Random Testing" means tests based upon an appropriate random sampling technique, with significant samples of Department employees in security sensitive positions being tested on a periodic basis with all such employees having a reasonably equal chance of being tested.

(7) "Reasonable suspicion" means when the Department, acting through its supervisory personnel, has reasonable suspicion that the appearance or conduct of Department employees in a security sensitive position is indicative of their having being impaired by an illegal drug.

(8) "Security sensitive position" means any of the following positions in the Department:

- a. The Commissioner;
- b. Bureau Chiefs;
- c. Security positions;
- d. Employees of the Department who are required or permitted to carry a firearm;
- e. Department employees who have a significant degree of responsibility for the safety of others and whose impaired performance or undue influence of that Department employee could potentially result in death or injury to employees or others; or
- f. Department employees as otherwise designated by the Department pursuant to its policies and procedures.

70 Del. Laws, c. 340, § 1.;

§ 8922. Drug testing required.

(a) Random testing. -- All Department employees in security sensitive positions shall be subject to random testing for the illegal use of drugs.

(b) Pre-employment testing. -- The Department shall test all security sensitive applicants and applicant employees for the illegal use of drugs.

(c) Incident triggered testing. -- All Department employees in security sensitive positions shall be subject to incident triggered testing.

(d) Reasonable suspicion testing. -- The Department may, acting through its supervisory personnel, conduct a drug test based on a reasonable suspicion that the appearance or conduct of the Department employee in a security sensitive position is indicative of being impaired by an illegal drug. The questioned conduct or appearance should be witnessed and must be documented in writing by a supervisor where practicable.

(e) Nothing in this section shall be construed to limit the Department's authority pursuant to any other statute, regulation, policy, procedure, contract or other source of authority to test any Department employee for drugs.

70 Del. Laws, c. 340, § 1.;

§ 8923. Drugs to be screened.

(a) The illegal drugs that shall be screened include, but are not limited to, the following:

(1) Marijuana/cannabis;

(2) Cocaine;

(3) Opiates;

(4) Phencyclidine ("PCP"); and

(5) Amphetamines.

(b) The Department technical representative may submit to the Commissioner a written request for approval to screen for an illegal drug or controlled substance other than those listed under subsection (a) of this section. If the Commissioner approves the request, the Department technical representative shall notify all Department employees in security sensitive positions of the addition of that drug to the list of those to be screened.

70 Del. Laws, c. 340, § 1.;

§ 8924. Arrest notification required.

Any security sensitive employee arrested for an alleged violation of Chapter 47 of Title 16 shall report the arrest to the Department on the employee's next scheduled work day, or within 1 week, whichever is earlier. Failure to report the arrest shall result in disciplinary action up to and including dismissal.

70 Del. Laws, c. 340, § 1.;

§ 8925. Policies and procedures.

The Department shall promulgate policies and procedures for the full implementation of the subchapter.

70 Del. Laws, c. 340, § 1.;

§ 8926. Correctional Officer Education Assistance Fund.

(a) Any correctional officer holding the rank of Captain or below may avail themselves of the provisions of this act to prepay the tuition costs for higher education related to their position.

(b) The classes will be 100% prepaid by the Department upon application to the Human Resources Director of the Department prior to commencement of classes at a college or university within the State for classes related to corrections, public safety, criminal justice, psychology or sociology or related fields. Related fields shall include any courses necessary to complete a degree program in Criminal Justice, Corrections, Public Safety, Psychology or Sociology. Correctional officers who work in the food service, mechanical or building trades and maintenance area shall be eligible for prepayment for classes that relate to their field or trade. The officer must maintain a C average or better in the classes taken to remain eligible for this program.

(c) The Department shall take the funds appropriated for this section in each fiscal year and allocate them as follows:

40% for the fall semester;

40% for the spring semester; and

20% for the summer semester.

The Department shall establish a deadline date for applying for said funds. If there are more applications than funds for any semester, then the funds shall be prorated between the applications. If there are less funding applications than funds available, excess funds shall be rolled over to the next semester.

(d) An officer who has received funding pursuant to this section but who is terminated from the Department for cause prior to completion of current vouchered courses or who otherwise fails to comply with any requirement of this section shall immediately become ineligible to receive education benefits pursuant to this section and shall repay the Department for all tuition and fee funding previously extended to the officer, including interest, on a pro rata basis from the time of termination or noncompliance. The Commissioner shall adopt appropriate procedures to determine the amount of repayment and the method of collection due by the officer pursuant to this subsection. If an employee voluntarily leaves the Department prior to completion of funded courses, the officer will not be required to repay previously funded tuition but will have to repay the current quarter or semester's tuition.

72 Del. Laws, c. 273, § 1; 73 Del. Laws, c. 102, §§ 1, 2; 73 Del. Laws, c. 175, §§ 1-6.;

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Attachment E

Appendix A Overview of Current Health Care Services

The staff and Bureau Chief of the DDOC's BCHS monitor and oversee the health and mental health services contracts. It will be critical that the selected Vendor(s) work to assure that it upholds the proposals as submitted to this Request for Proposal(s). It will be critical that the Vendor work with the BCHS to comply with the requirements of the DOJ memorandum of agreement for the time it is in force.

INFIRMARY BED COUNTS AND AVERAGE DAILY POPULATION (ADP)

Table 1: Current Level V Infirmory Beds (2007)			
Facility	Number of Cells	Beds in Each	Total Beds
DCC ADP 2600	8 single cells	1	8
	Ward 1 (Dialysis)	0	0
	Ward2	3	3
	Ward3	4	4
	Ward4	4	4
	Ward5	3	3
	Ward6	5	5
	Ward7	3	3
	4 Isolation Cells	1	4
	10 Psychiatric Cells	1	10
TOTAL DCC			44
SCI ADP1150	3 Single cells	1	3
	1ward	3	3
TOTAL SCI			6
HRYCI ADP 1750	14 single cells	2	28
TOTAL HRYCI			28
BWCI ADP 400	1 Ward	2	2
	1 Ward	3	3
TOTAL BWCI			5
LEVEL V INFIRMARY BED COUNT TOTAL			83

Appendix A Overview of Current Health Care Services

Table 2: Projected ADP Sentenced and Pre-sentenced

ALL LEVELS	Baseline Sentenced and Presentenced					PROJECTED ADP	
	2005	2006	2007	2008	2010	2012	2017
Pre-sentenced	1,250	1,368	1,441	1,486	1,581	1,682	1,964
Sentenced	5,714	5,688	5,798	6,030	6,524	7,058	8,594
Total	6,964	7,056	7,238	7,516	8,105	8,740	10,558

Table 3: Projected ADP Elderly and Infirmary

ADP, Elderly & Infirmary	ADP, Elderly & Infirmary Baseline Data				PROJECTED			
	2004	2005	2006	2007	2008	2010	2012	2017
Male Sentenced ADP (Total)	4,846	3,953	5,021	5,134	5,320	5,711	6,131	7,322
Male Elderly Level 5 (55 and over)	232	252	283	308	339	409	494	793
Male Elderly Level 4(55 and over)	20	21	17	19	19	23	28	45
Male Elderly Level 5 (level 5/50D54)	210	234	248	290	319	385	465	747
Male Elderly Level 4 (level 4/50D54)	2	4	3	9	10	12	15	27
Male DPC ADP	26	20	28	29	31	34	38	48
Male Level 5 Infirmarys ADP	50	50	51	57	60	65	71	87
Male Level 4 Infirmarys ADP	3	3	4	3	3	3	4	5
Female Sentenced Level 5 ADP (Total)	242	245	234	263	271	288	306	355
FemaleSentencedLevel4ADP(Total)	124	130	143	141	147	156	166	193
Female Elderly Level 5(55 and over)	6	10	10	9	9	10	10	12
Female Elderly Level 4 (55 and over)	1	1	3	2	2	2	2	3
Female Elderly Level 5(50D 54)	13	15	12	12	12	13	14	16
Female Elderly Level 4 (level 4 /50D54)	2	4	3	9	9	10	10	12
Female DPC ADP	2	4	4	7	7	8	8	9
Female Infirmary ADP	1	1	2	2	2	2	6	25
TOTAL OFFENDERS 55 and over (sentenced)	238	262	293	317	349	422	511	825

Attachment F



Collective Bargaining Agreement

Between

Correctional Medical Services

And

**United Food and Commercial Workers Union,
Local 27**

ARTICLE 1 - AGREEMENT

This Agreement is made and entered into this 1st day of July 2005 by and between CORRECTIONAL MEDICAL SERVICES hereinafter referred to as the "Employer", "CMS" or "Company", and UNITED FOOD AND COMMERCIAL WORKERS UNION, LOCAL 27, chartered by the United Food and Commercial Workers International Union, AFL-CIO, CLC, hereinafter referred to as the "Union".

ARTICLE II - RECOGNITION

Section 1 The Employer recognizes the Union as the sole and exclusive bargaining representative for the purposes of collective bargaining with respect to wages, hours of work and other terms and conditions of employment for all full time and regular part time Registered Nurses, Licensed Practical Nurses, Medical Secretaries, Medical Records Clerks, Medical Assistants, Dental Assistants and Recreational Therapists employed by the Employer at the State of Delaware Department of Corrections ("DOC") facilities serviced by the Employer but excluding all PRN employees, Director of Nursing, Confidential Secretaries, Independent Contractors, Psychologists, Guards and Supervisors as defined in the Act, as certified by the National Labor Relations Board in Case number 5-RC-11654 and exempt employees classified as Mental Health Counselors as certified by the National Labor Relations Board in Case 5-RC-13756. This Agreement shall have no application to any other operations carried on or that may be carried on elsewhere by the Employer, or any of its affiliated or related enterprises.

Section 2 The term "employee" as used in this Agreement shall mean all employees in the collective bargaining unit as defined in Section 1 of this Article.

Section 3 The Employer will notify the Union twenty-nine (29) days prior to a facility closing unless the Employer receives less than thirty (30) days notice from the DOC, in which case the Employer will provide such notice as it may to the union. The Employer and Union agree to negotiate the effect on employees of the closing.

Section 4 Wherever used in this Agreement the term "day" or "days" shall refer to calendar days.

Section 5 Applicants for employment are not considered part of the bargaining unit and are not employees, and the Union waives any claim to represent an applicant for employment or to negotiate concerning policies or procedures applicable to applicants for employment.

Section 6 Management may not perform bargaining unit work where it results in the layoff or loss of scheduled work hours of a bargaining unit employee.

ARTICLE III - UNION SECURITY AND DUES CHECKOFF

Section 1 All employees shall, as a condition of employment, become members of the Union or pay an agency service fee on and after the thirty-first (31st) day following the date of employment, or on or after the thirty-first (31st) day following the Employer receives written notice of the ratification of this Agreement, whichever is later.

Section 2 For the purposes of this Article, membership in the union shall be understood to mean the payment of those dues and union fees which are necessary

to support the collective bargaining responsibilities of the Union. Dues shall be due and payable on or before the first day of the month for which they are due.

Section 3 The failure of any employee to continue to pay dues as a member of the union or an agency service fee not later than described above shall obligate the Employer, upon written notice from the Union to such effect, and to the further effect that Union membership or payment of an agency service fee was available to such person on the same terms and conditions generally available to other members, to forthwith discharge such person within seven (7) days of the Employer's receipt of said written notice as provided in the Labor Management Relations Act. Of 1947 as amended.

Section 4 The Employer shall deduct out of current wages payable to each employee dues and initiation fees uniformly required by the Union, or an agency service fee, from all employees who authorize in writing such deductions and shall remit amounts so deducted within thirty (30) days after their collection to the Financial Secretary or designated officer of the Union. The Union shall advise the Employer of any change(s) in dues, agency service fees, or other approved deductions in writing at least sixty (60) days prior to their effective date. Deductions will be based on a fifty-two (52) week period for the purposed of determining calculations.

Section 5 The Union shall indemnify and hold it harmless from any and all claims, attachments, forms of liability or damages that arise out of or by reason of any action taken or not taken by the Employer for the purpose of complying with any of the provisions of this Article.

Section 6 The Employer shall quarterly provide the Union with a list of bargaining unit members by name, job classification, full or part time status, home address, and date of employment with the Company. The Employer will notify the Union within thirty (30) days of any layoff, reinstatement from layoff, or permanent transfer from one facility to another of a bargaining unit employee.

Section 7 The Employer will submit all check-offs on computer media.

ARTICLE IV - RIGHTS OF MANAGEMENT

Section 1 The Employer retains all rights, privileges and responsibilities customarily and / or inherently performed by an Employer and not specifically abrogated or amended by a specific term of this Agreement. The exercise of the Employer's rights is without any duty to first negotiate with the Union, unless otherwise specified in this Article, and includes, by way of illustration and not limitation, the following:

- a) The right to hire, assign, reassign, direct, train, discipline, discharge, transfer, promote, demote, reward, evaluate, layoff, recall, determine qualifications, set standards of productivity, maintain efficiency of operations and supervise the actions of all bargaining unit members, each as the Employer shall deem to be necessary; and
- b) To determine the standards of care and determine the nature and type of duties, tasks, functions, programs and / or services to be performed by bargaining unit employees, the schedules by which such functions will be performed; and
- c) With prior notice and negotiation, to contract or subcontract the performance of such bargaining unit duties, tasks, services, programs, etc., as the Employer

shall deem necessary regardless of the impact such contracting or subcontracting may have on bargaining unit members; and

- d) To hire or use temporary and / or casual employees; and
- e) To determine which equipment and / or supplies, methods, and procedures will be utilized; and
- f) To determine the number of its employees regardless of job classification including the number assigned to any particular shift, task, duty, functions, program, etc., as well as to increase or decrease that number; and
- g) To determine the location and type of operation, and to introduce new and / or improved methods of operations, including the right to discontinue or transfer any department, brands, service, program, etc.; and
- h) To determine the number of hours to be worked, to what extent overtime will be worked, and to establish increase and / or decrease the number of work shifts and their starting and / or ending times; and
- i) To determine the number and types of job classifications, job content and to add to, subtract from, or change such classifications and the content of them as from time to time may be deemed necessary; and
- j) With notice, to promulgate, post and enforce work rules, procedures, standards, and / or regulations governing the conduct of performance of assigned functions of employees; and
- k) To select managerial and / or supervisory employees and to assign them to the supervision of other employees and to perform whatever tasks the Employer deems necessary without regard to which employees customarily perform those tasks; and
- l) To require the preparation, distribution and maintenance of documentation and records pertinent to the business of the Employer, as well as to alter such requirements as the needs of the business may dictate; and
- m) To determine the physical requirements of employment and continued employment (when there is cause, subject to evaluation of an independent, qualified health care professional), including the right to require employees to submit to physical examinations, alcohol and / or pre-employment drug testing, and any other type of examination that the Employer deems relevant to determining the employee's ability to perform or performance of his / her job, providing post-employment drug or alcohol testing will occur only with probable cause; and
- n) To determine wage levels for any newly established job or classification subject to notice and an opportunity to collectively bargain with the Union; and
- o) With prior notice and negotiation, the right to discontinue or transfer any department, branch, service or program.

Section 2 The listing of specific rights in this Article is not intended to be nor shall it be restrictive of or a waiver of any of the rights not specifically listed herein, whether or not such rights have been exercised by the Employer in the past. The decision to exercise or not exercise any of the rights, powers, authority, privileges, prerogatives, etc., as provided herein shall be solely that of the Employer.

ARTICLE V – CATEGORIES OF EMPLOYEES

Section 1 A regular full-time employee is one who fills a budgeted position requiring forty (40) hours of work per week and who is regularly scheduled and actually works forty (40) hours or more per week.

Section 2 A regular part-time employee is one who fills a budgeted position requiring at least twenty-four (24) hours, but less than forty (40) hours, per week and who is regularly scheduled and actually works at least twenty-four (24) hours, but less than forty (40) hours, or more per week. The eligibility of part-time employees for benefits under this Agreement shall be pursuant to the terms of each such benefit, but in no event shall an employee working less than twenty-four (24) hours per week be eligible for benefits.

Section 3 A PRN employee is one who is not regularly scheduled to work full-time or part-time. PRN employees will not be used if it results in the layoff of a full-time or part-time employees, if such employee is available, willing, and qualified to perform the work. A PRN employee is scheduled by the Employer as needed without regard to the days or hours scheduled. PRN employees shall not be part of the bargaining unit and are not entitled to coverage under any of the provisions of this Agreement.

Section 4 Casual, temporary and irregular part-time employees are individuals who are scheduled and work less than four (4) hours per week, they are not members of the bargaining unit, and are not entitled to coverage under any of the provisions of the Agreement. The use of these employees will not result in the layoff or loss of regularly scheduled hours for any bargaining unit member.

ARTICLE VI – PROBATION PERIOD

Section 1 Newly hired or rehired employees shall be considered probationary employees for the first ninety (90) days of their employment or re-employment in the bargaining unit, not including any days of off-site training or orientation. Probationary periods may be extended by mutual agreement between the Employer and Union. Upon satisfactory completion of said probationary period, the employee's seniority shall be computed from the date of hire or most recent date of rehire with the Employer.

Section 2 Absences from work will extend the probationary period for a period of days equivalent to the length of such absence.

Section 3 During the said probationary period, probationary employees shall be subject to discharge at the discretion of the Employer and such discharge shall not be subject to the grievance and arbitration procedure set forth in this Agreement.

ARTICLE VII – WAGES

Section 1 A full-time and regular part-time employees on the payroll as of the ratification of this Agreement will receive the following wage increases effective on the following dates:

- July 1, 2006: 3%
- July 1, 2007: 3%

Section 2 "Regular rate of pay" is defined as the straight time rate of pay for an employee's regular job classification.

Section 3 "Prevailing rate of pay" is defined as an employee's regular rate of pay plus any shift differential paid for work actually performed on a shift with a differential.

Section 4 When a higher classified employee is absent from his / her position and another employee performs the job of that higher classified employee for the full shift, such employee shall receive the appropriate rate of pay of the higher classification.

Section 5 Payroll shortages in an employee's paycheck that are due to an error by the Employer shall be paid to the employee within forty-eight (48) hours after notice, exclusive of weekends and holidays, of such shortage by the employee to his / her supervisor. Payroll shortages that are due to an employee's error shall be paid to the employee in the next paycheck following notice of such shortage by the employee to his / her supervisor.

Section 6 Employees shall be paid on a bi-weekly basis, every other Tuesday, unless the parties agree otherwise. To the extent practical, the Employer will make available direct deposit to employees who desire such.

ARTICLE VIII – HEALTH AND WELFARE

Section 1 The Employer shall continue to provide the following benefits, as outlined in current CMS policy:

- a) Health Care
- b) Prescription
- c) Dental
- d) Vision
- e) Life Insurance
- f) Short-term Disability (STD)
- g) Long-term Disability (LTD)
- h) Retirement Plan

Section 2 If there is a change in the current benefits, the Employer will meet with the Union to discuss the changes at least thirty (30) days prior to implementation.

Section 2 Paid Time Off (PTO) is provided for regular employees per the following, based upon the full-time equivalency (FTE) they were hired into:

Standard Hours / Week	PTO Allotment %
40.0+	100%
36.0 - 39.99,1	90%
30.0 - 35.00	80%
24.0 - 29.99	60%

Section 3 The Paid Time Off (PTO) benefit period is January 1 through December 31. Employees are expected to utilize all credited Paid Time Off available during each benefit period. Carry-over Paid Time Off is not allowed. However, any unused Paid Time Off leave will be credited to an employee's catastrophic Sick Leave Bank.

Section 4 Paid Time Off (PTO) leave is credited to each benefit period based on the following continuous services as of December 31 of each year.

Full-time employees forty (40) hours per week and designated as a 1.0 FTE on position control.

Allocations of PTO allowances are input twice per year, January 1st and July 1st. The number of hours granted is determined by the employee's length of service and FTE % and applied as per the following chart:

Length of Service	January 1 Hours Length of Service @ 12/31				July 1 Hours Length of Service @ 06/30				Total Hours			
	100%	90%	80%	60%	100%	90%	80%	60%	100%	90%	80%	60%
< 1.99 Years	104	94	83	62	104	94	83	62	208	188	166	124
2 < 5.99 Years	124	112	99	74	124	112	99	74	248	224	198	148
6 < 8.99 Years	136	122	109	82	136	122	109	82	272	244	218	164
> 9 Years	144	130	115	86	144	130	115	86	288	260	230	172

Paid Time Off (PTO) banks for employees who change their FTE % status between PTO allocations are adjusted up (+) or down (-) according to the following chart:

Status Change Date	FTE % Change (from -> to)					
	100-90% (-) 90-100% (+)	100-80% (-) 80-100% (+)	100-60% (-) 60-100% (+)	90-80% (-) 80-90% (+)	90-60% (-) 60-90% (+)	80-60% (-) 60-80% (+)
01/02 - 02/01	8	16	32	7	22	13
02/02 - 03/01	6	11	22	5	15	9
03/02 - 04/01	4	7	14	3	10	6
04/02 - 05/01	2	3	6	1	4	3
05/02 - 06/01	1	2	3	1	2	1
06/02 - 06/30	0	0	0	0	0	0
07/02 - 08/01	8	16	32	7	22	13
08/02 - 09/01	6	11	22	5	15	9
09/02 - 10/01	4	7	14	3	10	6
10/02 - 11/01	2	3	6	1	4	3
11/02 - 12/01	1	2	3	1	2	1
12/02 - 12/31	0	0	0	0	0	0

Newly hired full-time regular employees will receive a partial year Paid Time Off (PTO) allotment. The partial year allotment is as follows:

Hire Date	FTE % at Hire			
	100%	90%	80%	60%
01/01	104	94	83	62
01/02 - 02/01	80	72	64	48
02/02 - 03/01	56	50	45	34
03/02 - 04/01	36	32	29	22
04/02 - 05/01	16	14	13	10
05/02 - 06/01	8	7	6	5
06/02 - 06/30	0	0	0	0
07/01	104	94	83	62
07/02 - 08/01	80	72	64	48
08/02 - 09/01	56	50	45	34
09/02 - 10/01	36	32	29	22
10/02 - 11/01	16	14	13	10
11/02 - 12/01	8	7	6	5
12/02 - 12/31	0	0	0	0

Section 5: General Policies

- a) One-half of the eligible Paid Time Off (PTO) allotment will be credited to the employee's account on January 1, and the other half on July 1 of each benefit period.
- b) Employees are eligible to begin scheduling, with their supervisor's approval, Paid Time Off (PTO) from the date of employment.
- c) Paid Time Off (PTO) must be taken during the benefit period and may not be carried over into the following Paid Time Off (PTO) benefit period. All unused Paid Time Off (PTO) will be credited to an employee's Extended Sick Leave (ESL) bank. (Except in cases where employee is unable to use PTO due to Workers' Compensation leave.)
- d) Requests for Paid Time Off (PTO) must be submitted in writing to the employee's supervisor for approval in advance. Employees are expected to schedule PTO with their supervisor before the schedule is posted. In the event of an unscheduled absence, due to an unforeseen illness or emergency, the employee must notify the supervisor according to the policy at the site covering the specific amount of advance notice you must give when reporting off or late. Unscheduled absences will be paid if PTO hours are available.
- e) Paid Time Off (PTO) may be used in increments of 15 minutes.
- f) Paid Time Off (PTO) is to be used and scheduled according to the employee's work schedule.
- g) Paid Time Off (PTO) taken for more than ten (10) consecutive days must have the additional approval of the Senior Vice President Human Resources – CMS.
- h) Terminating employees who give proper notice and have been employed for at least twelve (12) months will be eligible to receive terminal Paid Time Off (PTO) pay on a pro-rata bases less any PTO already used. For purposed of this section, PTO is considered earned only in relationship to length of service in the benefit period.

- i) Accumulated Paid Time Off (PTO) may not be used for any portion of termination notice.
- j) Paid Time Off (PTO) hours are not considered as "hours worked" in calculating overtime.
- k) An excessive amount of unscheduled Paid Time Off (PTO) requests may result in corrective action.
- l) Employees are responsible for managing the used of their time-off so that time-off beyond their credited Paid Time Off (PTO) hours is not needed. PTO hours cannot be used in advance of being credited. Employees cannot borrow from future allocations.
- m) Paid Time Off (PTO) is paid at the base rate of pay.
- n) Employees may be eligible for payment for a portion of acquired and unused Paid Time Off (PTO) upon separation of employment as outlined in the published schedule. No PTO will be paid to an employee separating employment who has less than twelve (12) months of service except where prohibited by law.
- o) Paid Time Off (PTO) taken, which has not been earned, will be deducted from an employee's final paycheck according to the published schedule.

Published Schedule Upon Separation of Employment

Length of Service 1 < 1.99 Years:

Term Month	FTE % at Termination			
	100%	90%	80%	60%
January	17	16	14	10
February	35	31	28	21
March	52	47	42	31
April	69	62	55	42
May	87	78	69	52
June	104	94	83	62
July	121	109	97	73
August	139	125	111	83
September	156	140	125	94
October	173	156	139	104
November	191	172	153	114
December	208	187	166	125

Length of Service 2 < 5.99 Years:

Term Month	FTE % at Termination			
	100%	90%	80%	60%
January	21	19	17	12
February	41	37	33	25
March	62	56	50	37
April	83	74	66	50
May	103	93	83	62
June	124	112	99	74
July	145	130	116	87
August	165	149	132	99
September	186	167	149	112
October	207	186	165	124
November	227	205	182	136
December	248	223	198	149

Length of Service 6 < 8.99 Years:

Term Month	FTE % at Termination			
	100%	90%	80%	60%
January	23	20	18	14
February	45	41	36	27
March	68	61	54	41
April	91	82	73	54
May	113	102	91	68
June	136	122	109	82
July	159	143	127	95
August	181	163	145	109
September	204	184	163	122
October	227	204	181	136
November	249	224	199	150
December	272	245	218	163

Length of Service > 9 Years:

Term Month	FTE % at Termination			
	100%	90%	80%	60%
January	24	22	19	14
February	48	43	38	29
March	72	65	58	43
April	96	86	77	58
May	120	108	96	72
June	144	130	115	86
July	168	151	134	101
August	192	173	154	115
September	216	194	173	130
October	240	216	192	144
November	264	238	211	158
December	288	259	230	173

Section 6 – Holidays

a) The following holidays will be recognized:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

b) Work performed on the holidays listed above will be paid at time and one-half of an employee's regular rate of pay.

Section 7 In determining the appropriate length of service, for the accrual of Paid Time Off (PTO) only, all service with Correctional Medical Services (CMS), including service prior to the Employer's current contract with the State of Delaware, will be counted.

ARTICLE XI – HOURS OF WORK

Section 1 The medical unit may be required to provide continuous service seven (7) days a week. All employees are subject to working any shift if needed including Saturday and / or Sunday as part of the normal workweek.

Section 2 The standard workday will be established at each work site by the Employer and will generally consist of an 8 ½ hour shift that includes a thirty (30) minute unpaid meal period.

Section 3 The standard workweek consists of seven (7) consecutive days between 12:01 a.m. on Sunday and 12:00 midnight the following Saturday.

Section 4 Time and on half the regular rate will be paid for all hours actually worked in excess of forty (40) hours in a workweek. Only hours actually worked shall be included in calculating overtime pay. Overtime shall not be pyramided. Only hourly / non-exempt employees shall be entitled to overtime pay.

Section 5 The Employer will use all reasonable efforts to post a work schedule at least one (1) week prior to the start of each four (4) week work period. The schedule will show the starting and finishing times and days off. It will not be altered after it has been posted, absent exigent circumstances, or the agreement of the individuals affected by the change(s).

Section 6 Any employee who reports to work a standard 8 ½ hour shift as requested by the Employer shall receive a minimum of four (4) hours worked at the applicable rate of pay provided he / she is available for said hours and performs whatever work is assigned to the involved employee. The provisions of this Section shall be inapplicable in the event of fire, flood, Acts of God, or any other circumstances not directly within the control of the Employer, or where this Section is waived upon consultation or mutual agreement between the Union and the Employer.

Section 7 Employees required by the Employer to attend in-service meetings and classes shall be paid for all time spent at these meetings and classes at their applicable rate of pay.

Section 8 Employees shall report ready for work at the time designated by the Employer and shall not leave their unit at the end of a shift unless they have been properly relieved.

ARTICLE XII – MEALS PERIOD

Section 1 Employees working six (6) hours or longer in a work shift shall be entitled to a thirty (30) minutes unpaid meal period. Employees shall be required to obtain the approval of his / her supervisor before taking a meal period. If an employee is ordered to work by a supervisor during any part of his / her meal period the employees may be given another meal period during the shift or will be paid for the full meal period.

ARTICLE XIII – OVERTIME

Section 1 Overtime will be paid at a rate of one and one-half (1 ½) time the employee's average hourly rate for the work week in which it occurs and will be paid for all hours actually worked in excess of forty (40) hours in a work week. Only hours actually worked shall be included in calculating entitlement to overtime pay. Overtime shall not be pyramided.

Section 2 The selection in assignment of employees to work overtime shall be at the Employer's discretion. The Employer retains the right to schedule employees with less than forty (40) hours per week up to forty (40) hours per week before scheduling overtime. Thereafter, overtime will be rotated by seniority among the employees in the classification, at work, on the shift the overtime is required, before contacting off-duty employees.

Section 3 On a site-by-site basis, employees desiring to be contacted for overtime assignments at off-duty times must sign a voluntary overtime assignment list that will then be posted quarterly. Employees will be offered voluntary overtime assignments in rotation by seniority order. An employee may remove his / her name from the voluntary overtime assignment list at any time, but may not add his / her name to the list until the start of the following quarter.

Section 4 The Employer reserves the right to require the performance of overtime by any bargaining unit employee.

Section 5 Should an error in offering additional hours or overtime occur, it shall be remedied by the Employer by offering the employee improperly bypassed the next opportunity to work additional hours. Pay for time not worked shall not be an appropriate remedy.

ARTICLE XIV – SHIFT PREMIUM

Section 1 The following shift premiums will be paid:

- a) 3:00 p.m. – 11:00 p.m.: \$2.00 / Hour
- b) 11:00 p.m. – 7:00 a.m.: \$3.00 / Hour

ARTICLE XV – SENIORITY

Section 1 For the purposes of layoff and recall seniority is defined as the total length of continuous service at the facility, including past service with the Employer's predecessors, provided the Union, or the employee at issue, can produce accurate documentation evidencing the employee's past service within ten (10) days following notice to the Union or employee of a layoff. For all other purposes, other than layoff and recall, seniority is defined as the length of continuous employment with the Employer since the most recent date of hire in the bargaining unit.

Section 2 The Employer will establish and maintain a seniority list for full-time employees and a separate list for part-time employees. Said list will be supplied to the Union quarterly. If no objections are received by the Employer, in writing, within ten (10) days the list shall be deemed valid and not subject to the grievance / arbitration provisions of this Agreement.

Section 3 Employees who were previously employed by the Employer and who are subsequently rehired by the Employer are considered to be new hires and are subject to the probationary period established in Article VI of this Agreement unless the Employer and Union agree otherwise.

Section 4 The Employer recognizes the principle of seniority as on in which layoff or recall after a layoff shall be governed by the length of service of the employee, provided, however, that such layoffs or recalls will be based on length of continuous service only when the senior employee is qualified to perform the functions of the job in question, is of the same classification, and the Employee does not have an obligation to accommodate an employee under federal or state law.

Section 5 When a regular part-time employee is hired as a full-time employee, the employee will retain his / her seniority date for fringe benefits but for bidding and other purposes his / her seniority shall be from the date he / she is hired for the full-time job.

Section 6 Where a full-time employee voluntarily relinquishes his / her seniority from a full-time seniority position to become part-time, his / her seniority date for all purposes shall be the date that he / she is hired as a part-time employee.

However, if the full-time employee is reduced to part-time hours because of lack of work, or a change in schedule by management, the original seniority date shall hold for all purposes.

ARTICLE XVI – TERMINATION OF SENIORITY

Section 1 The Employer shall have the right to discharge any employee for just cause.

Section 2 An employee's seniority shall be terminated and his / her rights under this Agreement forfeited for any of the following reasons:

- a) Discharge; or
- b) Voluntary quit or retirement; or
- c) Failure to return to work or notify the Employer of illness or injury or other acceptable excuse within five (5) days after notification of recall after layoff. Due notification shall be defined as the date that written notification is mailed to the employee, by registered or certified mail, to the employee's last known address but in no instance more than thirty (30) days after said notification date; or
- d) Unauthorized leave of absence or if an employee fails or refuses to return from an approved leave of absence after its stated date of expiration; or
- e) Unauthorized failure to report to work for three (3) days in any rolling twelve (12) month period with when working; or
- f) The employee is laid off for either six (6) months or the length of his / her continuous service, whichever is lesser; or
- g) The employee engages in outside employment during an Employer approved leave of absence without prior written authorization from the Employer.

ARTICLE XVII – LAYOFF AND RECALL

Section 1 In the event that the Employer determines the need to reduce its work force, it will lay off employees by job classification on the shifts affected on a site-by-site basis. The following steps will be followed:

- a) Probationary employees in the effected classification will be laid off first, without any consideration for any differentials in length of service between such employees;
- b) Should additional layoffs be necessary, the least senior bargaining unit employee in the classification and on the shift to be reduced shall be laid off.

Section 2 Employees laid off will have the right of recall for a period of six (6) months. If subsequently recalled within six (6) months, such employees will retain their former seniority date. Notice of recall shall be in writing and by registered or certified mail to the employee's last know address.

Section 3 Employees selected for layoff on one shift shall have no right to bump or otherwise displace less senior employees in the same or another classification on another shift.

Section 4 Notwithstanding any other provision in this Article, in the event a part-time employee's seniority permits them to remain at work during a layoff, the part-time employee shall be required to accept such hours as are offered, up to and including full-time hours, or that employee shall be laid off regardless of seniority.

Section 5 The Employer agrees to give a week's notice or a week's pay in lieu of a week's notice to full-time employees and three (3) day's notice or pay to regular part-time employees who are laid off.

Section 6 Recall to employment will be made in reverse order of layoff. Failure of any employee to report as directed by the Employer will constitute voluntary resignation.

Section 7 Notwithstanding any other provision in this Article, layoffs for a period of thirty (3) days or less shall be considered temporary and the provisions of this Article shall not apply. The Employer shall provide effected employees with notice of the layoff at least three (3) days prior to the date it is effective, or pay the employee one (1) shift's pay in lieu of each day's notice not given up to three (3) days.

Section 8 Any employee, regardless of his / her regular job assignment or seniority, may be assigned to any necessary work subject only to the need for necessary licensure.

Section 9 Wherever used in this Agreement the term "day" or "days" shall refer to calendar days.

ARTICLE XVIII - JOB BIDDING

Section 1 When a vacancy, other than temporary, or new regular job opening or classification occurs in the bargaining unit, and the Employer deems it necessary to fill such job, the Employer will post a notice of such job opening in each of the major facilities covered by this Agreement, for a period of seven (7) days. All postings required by this Section shall contain sufficient details to enable the employees to understand upon what they are bidding, including the shift.

Section 2 Any employee who desires to be considered shall submit a written bid to the Employer. In the case of an absent employee, the Shop Steward may submit a written bid on his / her behalf.

Section 3 The employee possessing the greatest skill and ability, as determined by the Employer, shall be awarded the bid. Where employees have equal skill and ability, seniority will be the deciding factor. The Employer reserves the right to interview all qualified applicants before awarding the job and to determine the employee's experience and skills. Qualified part-time employees will be given first consideration for full-time employment prior to the Employer hiring any new employee.

Section 4 If none of the applicants for the position are qualified, or if there are no applicants, the Employer may fill the job from any source.

Section 5 The successful bidder shall have a maximum trial period of thirty (30) days to demonstrate their proficiency at performing the job. If the employee is promoted to a higher rated job, he / she shall be paid the rate of the job during the trial period. Within this period the employee may elect to return to his / her previous job without penalty, or the Employer may remove such employee from such job if the employee's performance is not satisfactory in the Employer's discretion.

Section 6 In the event the successful bidder leaves or is removed from the aforementioned job during the trial period, the Employer may either repost the position or chose the next qualified bidder as if he / she had been the successful bidder in the first instance. If such second qualified bidder leaves or is removed from

the job, the job may be reposted or the Employer may consider any additional source(s).

Section 7 Employees shall be entitled to change jobs through this procedure no more than one (1) time in twelve (12) months, except by mutual agreement.

ARTICLE XIX – GRIEVANCE PROCEDURE

Section 1 The term "grievance" shall mean any complaint as to the application of a specific provision(s) of this Agreement to a particular factual situation involving an employee. Grievances may be filed and processed only through the procedure outlined herein.

Section 2 Failure of any grievant(s) or the Union to comply with the procedural requirements and time limitations of the grievance procedure will render any grievance null and void. No grievance may be filed alleging a violation of any provision(s) of this Agreement arising prior to the date of final execution of this Agreement. No grievance shall be filed alleging a violation of any provision of this Agreement arising after the expiration date of this Agreement.

Section 3 The time limitations of this Article may be extended only by mutual agreement in writing between the Employer and the Union.

Section 4 The time limits stated in this Article are intended to be maximum time limits, and are to be construed as being binding on the Union, bargaining unit employees, and the Employer. Grievances not processed by the Union or any bargaining unit employee within the time limit specified herein will be deemed to be settled consistent with the last response of the Employer. Grievances not processed by the Employer or its representatives within the time limit specified herein will automatically advance to the next level of the procedure.

Section 5 Any written grievance as specified herein must be filled on the form attached to this Agreement as Appendix "A", completely filled out in all respects, including stating the Article (s) and Section(s) allegedly violated, or it will be rejected as insufficient. Grievances rejected as insufficient do not constitute any extension of the time limits contained herein, and are ineligible for submission to the arbitration provisions of this Agreement.

Section 6 Grievances shall be processed and resolved in the following manner:

- a) **Step 1** – The aggrieved employee(s) and Shop Steward(s) shall present the grievance, in the written form specified by this Article to the appropriate supervisor or designee within four (4) days after the alleged reason for the grievance has occurred. The supervisor / designee will attempt to meet and resolve the grievance within four (4) days of the grievance being submitted, with an answer from the supervisor / designee being due four (4) days from any such meeting.
- b) If the written answer in Step 1 is not satisfactory, or is not received within the time limits specified, the grievance may proceed to Step 2.
- c) **Step 2** – No later than four (4) days after the written answer from Step 1, or the date such answer was due, whichever is earlier, the grievance shall be presented by the Shop Steward(s) or the Business Representative of the Union, in writing, to the Health Service Administrator or designee. The Shop Steward(s) or the Business Representative of the Union and the grievant(s) will

meet with the Health Service Administrator or designee within five (5) days from the receipt of the grievance at Step 2. The Employer will provide a written answer to said grievance within five (5) days of the date of the meeting.

- d) If said answer is not satisfactory to the grievant(s) or the Union, or if said written answer is not furnished within the time limits, the grievance may proceed to Step 3.
- e) **Step 3** - No later than four (4) days after the written answer is furnished at Step 2, or should have been furnished, whichever is earlier, the grievance may be presented by the Union Business Representative, in writing to the Employer's Division Human Resources Manager. The Business Representative of the Union and the Employer's designee(s) shall confer within five (5) days from the receipt of the Step 3 grievance. The parties may confer telephonically, meet or schedule, by mutual agreement, a date to meet during this period. The Employer will provide a written answer to said grievance within five (5) days of the meeting.
- f) If said answer is not satisfactory to the grievant(s) or the Union, or if said written answer is not furnished within the time limits, the grievance may proceed to the arbitration procedures set forth in Article II of this Agreement.

Section 7 The Union Servicing Representative shall have the right to file grievances at Step 2 of the grievance procedure as outlined in this Article, where resolution of the grievance can only be resolved at the Step 2 level involvement of management or above.

Section 8 All grievances involving suspension and / or termination must be processed beginning with the provisions of Step 2 of the Grievance Procedure as outlined herein and within three (3) days of notification of the suspension or termination.

Section 9 All grievance step meetings shall be handled at a time other than normal working hours and shall not interfere with the employees' performance of his / her duties. Any time spent by employees in handling such grievance step meetings shall be without pay unless the Employer requests that such meeting(s) be, and are, held during the employee's or Shop Steward's normally scheduled working hours in which case there shall be no loss of pay for time actually spent in such a meeting during those scheduled hours.

ARTICLE XX - ARBITRATION

Section 1 Grievances that have been properly processed through the Grievance Procedure set forth in Article XIX of this Agreement, above, and not settled at the conclusion thereof, may be appealed to arbitration by the Union, and not any individual employee, by serving written notice to the Division Human Resources Manager in accordance with the following procedure:

- a) Written notices of the submission of the grievance to arbitration shall be delivered to the Employer within seven (7) days after receipt by the Union of the written Step 3 decision of the Employer as outlined in Article XIX, or, if said written decision is not furnished by the Employer as required by the provisions of Step 3, then within seven (7) days after the date upon which the Step 3 answer should have been received by the Union.

- b) Failure to meet these requirements shall constitute a waiver of the Union's right to appeal to arbitration and the written answer of the Employer at Step 3 shall be final and binding on all parties.
- c) The Union must submit a request to the American Arbitration Association, no later than ten (10) days after the date of the notice of intent to arbitration, for a panel of seven (7) impartial arbitrators. The parties will attempt to select an arbitrator from this list, but if mutual agreement is not achieved, the rules of the American Arbitration Association for the selection of arbitrators shall apply.

Section 2 The jurisdiction and authority of the arbitrator and his / her opinion and award shall be confined exclusively to the interpretation and / or application of the express provisions of this Agreement at issue between the Union and the Employer. He / she shall have no authority to add to, detract from, alter, amend or modify any provision of this Agreement; to impose on either party a limitation or obligation not explicitly provided for in this Agreement; or to establish or alter any wage rate or structure. Under no circumstances shall the arbitrator have the authority to award monetary damages of any kind whatsoever in excess of actual lost wages, less interim earnings, unemployment compensation or other compensation received. The arbitrator shall not hear or decide more than one (1) grievance without mutual consent of the Employer and the Union. The written award of the arbitrator on the merits of any grievance adjudicated within his / her jurisdiction and authority shall be final and binding on the aggrieved employee(s), the Union and the Employer.

Section 3 In cases alleging patient abuse or patient neglect, the Arbitrator shall draw no inference of any kind whatsoever from the failure or inability of a patient to appear and testify. Further, in such cases, the Employer need not demonstrate intent to commit any abuse or neglect.

Section 4 The fee of the American Arbitration Association shall be borne by the party filing for arbitration. The fee of the arbitrator shall be split equally by the parties.

Section 5 The arbitration procedure expires with the Agreement, and no grievance filed after the expiration of the Agreement, concerning events occurring after the expiration, shall be entitled to arbitration. However, grievances filed prior to, or after, expiration of the Agreement that concerns events occurring prior to the expiration of the Agreement shall be entitled to arbitration as to those pre-expiration events only. During any period of written, mutually-agreed extension of this Agreement, the right to arbitrate provided in this Article, and the prohibition on strikes and lockouts in Article shall remain in full force.

ARTICLE XXI - SHOP STEWARDS

Section 1 One (1) Shop Steward per facility or facilities corresponding to the responsibilities of each Health Services Administrator and one (1) alternative Shop Steward per site appointed by the Union from among the members employed by the Employer shall be recognized by the Employer as the representatives of the employees in the presentation and settlement of grievances. When an employee is to be formally disciplined, the employee may request that a Shop Steward be present.

Section 2 The parties agree that the Shop Stewards shall be free to conduct their duties on non-working time only (break / meal time is permissible), except as modified by Article XIX of this Agreement.

Section 3 The primary Shop Stewards, not the alternate Shop Stewards, shall have super-seniority among all other employees within the same job classification for the purpose of layoff and recall.

Section 4 The Union shall furnish the Employer with a complete list of all Shop Stewards and alternates which shall be amended from time to time as may be necessary.

Section 5 Subject to operational need, primary Shop Stewards may take up to one (1) day off with pay per calendar year to attend Union informational meetings. Time off will be conditioned upon operational need and a minimum of two (2) weeks advance notice. Payment will be conditioned upon proof of attendance to be given to the Employer on the Steward's next regularly scheduled shift. This section does not apply to alternative Shop Stewards. There shall be a maximum of one such paid day per facility.

ARTICLE XXII - WEEKENDS

Section 1 Weekend work is defined as any work performed on the first, second or third shift on Saturday or Sunday. Work performed on weekends shall be compensated for as follows:

- a) Registered Nurses (RN) - \$2.25 Per Hour Above the Applicable Rate
- b) Licensed Practical Nurses (LPN) - \$1.75 Per Hour Above the Applicable Rate
- c) Medical Assistants (MA) - \$1.75 Per Hour Above the Applicable Rate

ARTICLE XXIII - JURY DUTY

Section 1 An employee who is called for jury duty the Employer will pay the difference between jury duty pay received and the employee's base rate (excluding differentials and / or overtime) for scheduled days missed up to a maximum period of two (2) weeks. The involved employee will be required to notify his / her supervisor by the next working day following receipt of the summons for the employee to be compensated. Jury duty leave within this Section will not be deducted from an employee's accumulated PTO hours.

Section 2 In order to qualify for the benefits provided Union Section 1, above, an employee called for jury duty must report for work at his / her usual start time if he / she is excused from appearing in court for any full day. Moreover, he / she must promptly report for work whenever his / her presence is not required on the jury for any time falling within his / her regular working hours, provided that at least two (2) hours remain in the work day.

Section 3 Eligibility for jury duty will be limited to those employees who are regular full-time employees who have completed their probationary period.

ARTICLE XXIV - FUNERAL LEAVE

Section 1 The following funeral leave benefit will be available to all employees who are classified at 30 hours or more:

- a) Three (3) paid days where the employee was scheduled to work for immediate family. Immediate family is defined as: Spouse, child, parent, sister, brother, grandparent, grandchild, mother-in-law, father-in-law, son-in-law, daughter-in-law or relative permanently residing with the employee.
- b) One (1) paid day where the employee was scheduled to work to attend funeral services for other close relatives defined as: Aunts, uncles, niece, nephew or cousin.

Section 2 Time off provided to employees under Section 1 of this Article will not be deducted from an employee's accumulated PTO hours.

Section 3 Benefits will not be paid if the death occurs during a period while the employee is on PTO or medical or other leaves of absence.

ARTICLE XXV – FAMILY & MEDICAL LEAVE

Section 1 All employees who work for the Employer for a minimum of twelve (12) months and worked at least 1,250 hours during the past twelve (12) months are eligible for unpaid leave as set forth in the Family & Medical Leave Act of 1993 (FMLA). For purposes of determining an employee's leave entitlement under the Act, the fifty-two (52) week period immediately preceding the commencement of leave under the Act shall be the applicable measuring period.

Section 2 Eligible employees are entitled to up to a total of twelve (12) weeks of unpaid leave during any twelve (12) week period for the following reasons:

- a) Birth or adoption of a child or placement of a child in foster care;
- b) The care of a spouse, child or parent of the employee due to a serious health condition;
- c) A serious health condition of the employee.

Section 3 The employee's seniority rights shall continue as if the employee had not taken leave under Section 1 and 2, and the Employer will offer to maintain health insurance coverage during the period of leave. The Employer may require the employee to substitute accrued paid leave for part of the twelve (12) week leave.

Section 4 The employee is required to provide the Employer with at least thirty (30) days' advance notice before FMLA leave begins if the need for leave is foreseeable. If the leave is not foreseeable, the employee is required to give notice as soon as practicable.

Section 5 The Employer has the right to require medical certification of a need for leave under this Act. In addition, the Employer has the right to require a second opinion at the Employer's expense. If the second opinion conflicts with the initial certification, a third opinion from a health care provider selected by the first and second opinion health care providers, at the Employer's expense, may be sought, which shall be final and binding.

Section 6 The failure to provide a certification shall cause any leave taken to be treated as an unexcused absence(s).

Section 7 As a condition of returning to work, an employee who has taken leave due to his / her own serious health condition must be medically qualified to perform the functions of his / her job. Should any employee fail to return from leave under this Article, and the Employer has continued to provide medical insurance coverage to that employee, the employee shall be liable for the full cost of such insurance.

ARTICLE XXVI – OTHER LEAVES OF ABSENCE

Section 1 Upon written application from a regular full-time or part-time employee who has completed one (1) full year of service, the Employer may grant a personal leave of absence without pay based on reasons other than those covered by family and medical leave where good cause is shown for a period not to exceed thirty (30) calendar days. Employees must arrange to pay in advance the cost of all benefits during their leave. The employee is required to provide the Employer with at least thirty (30) days' advance notice before personal leave begins if the need for leave is foreseeable. If the leave is not foreseeable, the employee is required to give notice as soon as practicable.

Section 2 An employee returning from any approved leave of absence shall be reinstated subject to the conditions prevailing at the time of his / her return. Reinstatement to the employee's original job or classification on the date commencing the approved leave of absence is not guaranteed, except to the extent the Family and Medical Leave Act requires other return to work rights, in which case such return to work rights shall prevail.

Section 3 Employees on a personal leave of absence shall not accept other employment nor unemployment compensation while on such leave. The Employer's denial of personal leave of absence shall not be subject to the grievance and arbitration procedures of this Agreement.

ARTICLE XXVII – MILITARY LEAVE OF ABSENCE

Section 1 For the purposes of fulfilling reserve duty requirements, full-time employees who have completed their probationary period may take a military leave of up to ten (10) unpaid working days per year. The employee may elect to use accumulated Paid Time Off (PTO) or request the leave as unpaid. Such employees shall furnish a copy of his / her orders and two (2) weeks prior notice to the Employer.

Section 2 For full-time employees called to active military duty leave, the following provisions will apply:

- a) CMS will provide active duty leave for up to a thirty (30) day period: Fifteen (15) days will be paid and fifteen (15) days will be unpaid;
- b) The employee will be inactivated at the end of the thirty (30) day period with a right to reinstatement with no break in service of the purpose of establishing seniority rating at the time of re-employment;
- c) Benefits will continue up to the end of the thirty (30) day leave at CMS' expense;
- d) The employee will be eligible to continue health care coverage through COBRA;
- e) Only one (1) active military leave with fifteen (15) days pay will be granted in a one (1) year period;
- f) Such employees shall furnish a copy of his / her orders and two (2) weeks prior notice to the Employer.

ARTICLE XXVIII – UNION ACTIVITIES

Section 1 The Employer agrees that representatives of the Union, subject to the approval of the Health Services Administrator (or his / her designee) and subject to the Warden's approval, will have reasonable access to members on the premises covered by this Agreement, in designated areas, during working hours to exclusively conduct Union business relatives to the application or interpretation of this Agreement. It is understood that any such activity shall not interfere at any time with

patient care, will be conducted away from patient care areas, and will not interfere with the work of other employees.

Section 2 The Employer agrees to provide bulletin board space at each of the Employer's major facilities where there are such boards, for announcements of meetings and other material related to Union business. The Employer reserves and retains the right to remove from the bulletin board any material that, in its sole judgment, is controversial, offensive or otherwise inappropriate for the workplace.

ARTICLE XXIX - WORKING CONDITIONS

Section 1 Employees who sustain an occupational injury requiring treatment by a doctor or hospital shall suffer no loss in pay for the shift the injury occurs provided the employee returns to work that shift unless otherwise instructed in writing by the attending physician.

Section 2 In the event that an employee's work is unsatisfactory, he / she shall be given at least one (1) verbal counseling before receiving a written counseling, final written warning or termination. A verbal counseling may be in written form but will not be part of the employee's permanent personnel file. A verbal counseling or written warning will become null and void, but in the case of a written warning shall remain in the employee's personnel file, after twelve (12) months from the date of issue, provided that the employee has not incurred an additional written counseling since the date of issue. A verbal or written counseling shall not be required in cases of serious or flagrant violations of the Employer's policies or those of the Department of Corrections (DOC) or any applicable licensing board(s).

Section 3 If a medical examination is required by the Employer, other than with respect to the need for additional information relating to a leave of absence or workers' compensation claim, all expenses attached to same shall be borne by the Employer. Expenses shall not include costs for transportation or any follow-up treatment by the health care provider, including but limited to, prescription costs.

Section 4 No employee shall be required to take a random drug or alcohol test, unless previously warned in writing. The Employer reserves the right to conduct post-employment drug and alcohol testing of employees based upon reasonable cause.

Section 5 No employee shall be required by the Employer to take a polygraph (lie detector) test. This provision shall not be construed to prohibit polygraph testing of employees by the State Department of Corrections (DOC). In the event of such testing, the grievance and arbitration provision of this Agreement shall not apply.

Section 6 If an employee is required or summoned to appear in Court or before an agency by the Employer, the Employer will pay the employee the applicable rate for that appearance.

Section 7 As a condition of employment, each employee must retain his / her security clearance from the State of Delaware, Department of Corrections (DOC). If the DOC directs the Employer to replace an employee for loss of security clearance or for any other reason or withdraws an employee's security clearance, it will be deemed just cause for discharge. In such a case, if the Employer deems it appropriate, it will take such steps as it deems appropriate to have the DOC reverse its decision. The Employer will have no further obligations under this Agreement to the employee regardless of the reason for the loss of the security clearance or the

reason given by the prison system. Discharge under these conditions shall not be subject to the grievance and arbitration provisions of this Agreement.

ARTICLE XXX – TRAVEL EXPENSES

Section 1 Time spent by employees in travel from their regularly-scheduled region(s) to another assigned region, as defined in Section 2 of this Article, on behalf of the Employer to perform work assigned to them by the Employer, shall be paid at the employee's normal rate of pay. In addition, the Employer shall pay the cost of public transportation, if such is used, or if the employee uses his / her own automobile, the Employer shall pay the corporate mileage rate.

Section 2 If additional sites are added the parties will agree, in writing as to the proper region for their inclusion and will be determined on the basis of their proximity to other sites within the various regions.

- a) Region 1 consists of the Multipurpose Criminal Justice Center (Gander Hill), Plummer House Correctional Center, Webb Correctional Facility and Baylor Women's Correctional Institution.
- b) Region 2 consists of the Delaware Correctional Center and Morris Correctional Institution.
- c) Region 3 consists of the Sussex Correctional Institution and the Sussex Work Release Center.

ARTICLE XXXI – NO STRIKES OR LOCKOUTS

Section 1 It is mutually agreed by the parties of this Agreement that there shall be no strikes, stoppages or work, sympathy strikes, sit-downs, slow downs, stoppages of work, picket lines, boycotts, intentional delay of work of any nature or any other curtailment or restriction of work by the employees or the Union, nor shall there be any lockout by the Employer during the life of this Agreement. The termination of the Employer's agreement with the State of Delaware, Department of Correction (DOC), or any part thereof, or the curtailing of any operations for business reasons shall not be considered a lockout.

Section 2 The parties recognize the Employer's right to take disciplinary action, including discharge, against any employee who participates in violation of this Article, whether such action is taken against all of the participants or taken against only selected participant(s).

Section 3 In the event that any employee or group of employees covered by this Agreement violates this provision, the Union shall immediately, upon written notification from the Employer:

- a) Instruct by letter or telegram such employee or group of employees to resume work immediately; and
- b) Take all reasonable steps to bring about observance of provisions of this Article, including any sanctions available under the Union's Constitution and By-laws.

ARTICLE XXXVI – INVALIDATION

Section 1 Should any Article, Section, or portion thereof, of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction, such decisions of the court shall apply only to the specific Article, Section or portion thereof, directly specified in the decision(s), provided, however, that upon such a decision the

parties agree to go immediately to negotiate a substitute for the invalidated Article, Section or portion thereof. However, Article XXXI shall remain in full force and effect and Articles XIX and XX shall not be resorted to as a method to determine replacement language.

ARTICLE XXXIII - MISCELLANEOUS PROVISIONS

Section 1 The union acknowledges that, during negotiations which resulted in this Agreement, it had the unlimited right and opportunity to make demands, proposals and counter proposals with respect to any subject or matter not removed by law from the purview of collective bargaining, including any and / or all mandatory or permissive topics of bargaining. It is therefore agreed that the specific written terms of this Agreement contain each and every agreement of the parties with respect to wages, hours and terms and conditions of employment defined by law as permissive and / or mandatory topics of bargaining for employees.

Section 2 The Union specifically waives any right or claim to raise for further discussion or negotiation any matter not specifically contained in the specific terms of this Agreement, and specifically acknowledges that the right of the Employer to exercise its sole and exclusive discretion in the administration of its business without prior discussion or negotiation with the Union unless the specific written terms of this Agreement require otherwise.

Section 3 The Union acknowledges that it had sufficient opportunity to raise for negotiation the continuation of any "past practices" it sought to retain as working conditions for bargaining unit employees, and that the parties have included in the specific written terms of this Agreement any and all such agreements and / or practices as the parties have jointly determined should be retained. Any such actual or alleged "past practices" not specifically incorporated into specific terms of this Agreement are therefore null and void and of no binding effect or force whatsoever, except until and / or unless the Employer, in its sole judgment and discretion, selects to exercise such practice, in which event such exercise is merely incidental and not precedential with respect to any future implementation, therefore of no future binding force or effect.

Section 4 This Agreement constitutes the sole and entire agreement between the parties and supercedes any and all prior agreements, oral and / or written, between the Employer and any employee as well as between Employer and the Union, and expresses all of the obligations of and restrictions placed upon the unilateral right of the Employer to exercise its judgment and / or discretion in the operation of its business.

Section 5 Any letter of understanding or supplemental agreement into which the Employer and Union enter will be considered a part of this Agreement and is subject to the grievance and arbitration procedures hereof, unless specifically provided in such letter of understanding or supplemental agreement to the contrary.

ARTICLE XXXIV - TERMINATION OF AGREEMENT

This Agreement shall become effective as of the 1st day of July, 2005, and shall continue in effect until the 30th day of June, 2007, at which time all provisions and terms and conditions of employment set out in this Agreement shall terminate, unless extended by mutual written agreement of the parties.

Wherefore, the undersigned authorized representatives of their respective principles, agree to be bound by the terms of this Collective Bargaining Agreement.

parties agree to go immediately to negotiate a substitute for the invalidated Article, Section or portion thereof. However, Article XXXI shall remain in full force and effect and Articles XIX and XX shall not be resorted to as a method to determine replacement language.

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Section 4 This Agreement constitutes the sole and entire agreement between the parties and supercedes any and all prior agreements, oral and / or written, between the Employer and any employee as well as between Employer and the Union, and expresses all of the obligations of and restrictions placed upon the unilateral right of the Employer to exercise its judgment and / or discretion in the operation of its business.

Section 5 Any letter of understanding or supplemental agreement into which the Employer and Union enter will be considered a part of this Agreement and is subject to the grievance and arbitration procedures hereof, unless specifically provided in such letter of understanding or supplemental agreement to the contrary.